M

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

PLEASE

MARYLAND STATE DEPARTMEN	T OF HEALTH—BALTIMORE, 18 07205
7498 CERTIFICATE	C OF DEATH Reg. Dist. No
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Baltimore Co. MARYLAND CITY (If outside corporate limits, write RURAL LENGTH OF STAY	STATE Maryland COUNTY City Balta.
OR and give nearest town) (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Politimans &
HOSPITAL OR INSTITUTION OR JETREET ADDRESS ROSEWOOD State Tr. School	TOWN Baltimore 8 STREET (If rural, give location) ADDRESS 3309 Greenvale Road
3. NAME OF (First) (Middle) DECEASED: (Type or Print) Charles Alde	(Last) (Last) (Last) (Last) (Last) (Last) (Last) (Month) (Day) (Year) (Year) (Year) (Year) (Year) (Year) (Year) (Year) (Ye
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED,	OF BIRTH: 9. AGE last birthday: IF UNDER I YEAR IF UNDER 24 III Months Days Hours Min 3 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Richard Aldeberg	Leona Eunice Zackon
15. WAS DECEASED EVER IN U.S. ARMED FORCES 7 16. SOCIAL SECURITY No.: 17. (Yes, no, or unk.) (If Yes, give war or dates of service)	INFORMANT & ADDRESS:
	ERTIFICATION INTERVAL BETWEEN
L DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 491 X Immediate cause (a)AcuteBronchitisBr	Onset and Deate
Antecedent cause(s)	
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	
(c) II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	Yes□ No A (CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while INJURY M. work at work	HOW DID INJURY OCCUR?
Harry G. Butler, M. D. Rosewood St. Tr. 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER	2:50am., from the causes and on the date stated above. DATE SIGNED School. Owings Mills. Md. 8/4/55

11/55

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The second of the second

7409 CERTIFICATE OF DEATH

COOK-BLIGHT, INC. 6009 HARFORD RD.

07396

I PLACE OF BEATH.	1 2 USUAL DESIDENCE (HOUSE) OF DESIGNATION	110.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY BALTIMORE MARYLAND	STATE PENNSYLVANIAUNTY PHILAD	
OR and give nearest town) FORT HOWARD CITY (If outside corporate limits, write RURAL (in this place) TOWN FORT HOWARD LENGTH OF STAY (in this place) 34 DAYS	CITY(If outside corporate limits, write RURAL and OR TOWN PHILADELPHIA 75	d give nearest town $X = 3$
HOSPITAL OR HOSPIT	STREET (If rural give location) ADDRESS TAT. 435 N. FORTIETH STREET	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Da	(Year)
DECEASED: (Type or Print) MARVIN R. AMBII	ER OF DEATH: AUGUST 15	19 55
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, RACE: WIDOWED, DIVORCED. (Specify): MARRIED 12/15	9. AGE last birthday IF UNDER I YE. O2 9. AGE last birthday Months Da: yrs.	
Work done during most of working life. even TRUCKed: DRIVER OR INDUSTRY: TRUCKING	11. BIRTHPLACE (State or foreign country): 12. C	ITIZEN OF WHA
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
ELLWOOD AMBLER	MARTHA HERRON	
(Yes, no, or tink.) (If Yes, give war or dates of service) WW II 16. SDCIAL SECURITY NO.	17. INFORMANT & ADDRESS: CLIN.RECVET.ADM.HOSPFT.HOWAR	T MADVIAND
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	OF LEFT LUNG, METASTATIC TO	INTERVAL BETWEEN
STATING UNDERLYING CAUSE LAST. (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO	DN	20. AUTOPSY?
7/27/55 EXCISION OF TISSUE FROM I	RT. 10TH RIB FOR BIOPSY	YES NO X
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fac OR CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ctory. 21c. WHERE DID (City or town) (County of the INJURY OCCUR?	(State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work	D 21F. HOW DID INJURY OCCUR?	
22. I hereby certify that X attended the deceased from JULY	12 , 1955 , to AUG. 15 , 19 55 MAGNAGENA	988211086698
all XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	t 7:40PM, from the causes and on the date st	atad above
SIGNATURE		SIGNED

PA.

10 - 53A15 VS. The

Supply every item of information carefully.

correct age is especially important. Physicians: please write the causes of death clearly and legibly

OR WRITE PLAINLY, WITH UNFADING INK.

TYPE

PLEASE

DATE REC'D BY

LOCAL

TO: HAROID B MULLTGAN F LEHIGH ST., PHILADELPHIA.

ARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

7410

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

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OE .	Light	740

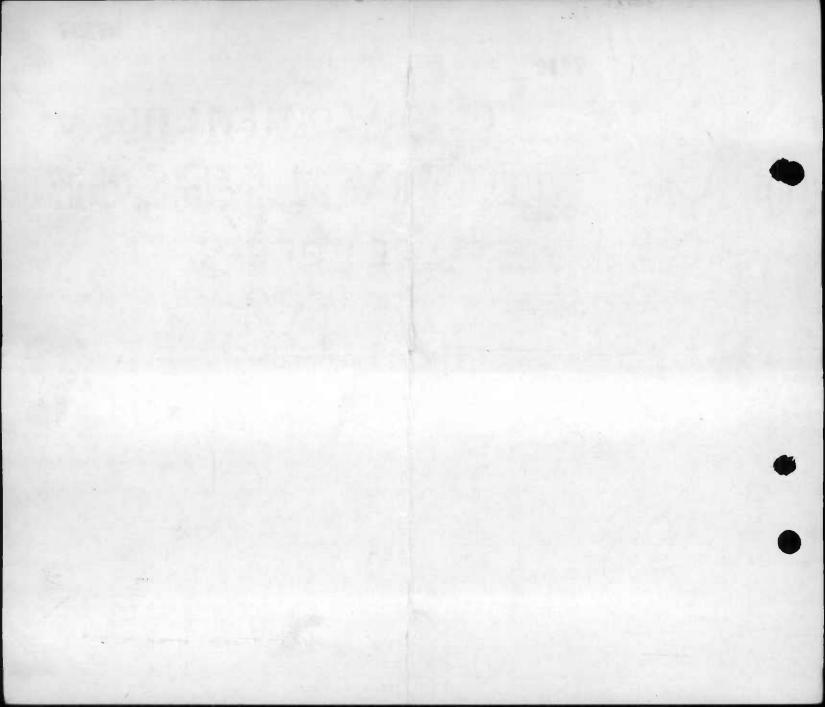
1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.	
COUNTY BALTIMORE MARYLAND	STATE MARY LAND COUNTY	BALTO.
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and giv	art the
Y TOWN SOARROWS POINT 20 YRS	TOWN DUNDALK	53
HOSPITAL OR	STREET (If rural, give location)	1
OF STREET ADDRESS BETC. Steel DISP	ADDRESS 7302 HOLABIRD A	AVE
	(Last) 14. DATE (Month)	(Day) (Year)
DECEASED	OF	
(Type or Print) 17 Y LES MELVIN	18. DATE OF BIRTH 19. AGE last birthday II under	1 year If under 24 hr
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	Months	Days Hours Min.
(Specify) /N ATTAICA	AUG. 23, 1898 56 yrs. 1200000	O Trial
10a, USUAL OCCUPATION (Give kind of work 10b. Kind of Business on done during most of working life, even if retired) INDUSTRY		COUNTRY?
OPERATING ENGINEER	ONTARIO CANADA	7.5.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
C ARNEW	EMMA RHOADES	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, no, or unknown) (If yes, give war or dates of	MRS. LYAL ARNEW 7302	HOUHBIRD
18. MEDICAL C		1
		INTERVAL BETWEEN ONSET AND DEATH
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		UNSET AND DEATE
Immediate cause (8) CO NONARY	Occhesion	
Immediate cause (a)		
Antecedent cause(s)		
Diseases or conditions, if any, (b) A-S-C-V-DISE	43	
giving rise to the above cause stating the underlying cause last		
(c)		1
II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes 🗆 No 🗓
21. EXTERNAL CAUSE WAS PLACE (Home, farm, actor), street,	(CITY OR TOWN) (COUNTY)	
PRIMARY OR CONTRIBUTING OF Office bldg. (etc.) CAUSE OF DEATH.		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not while	HOW DID INJURY OCCUR?	
INJURY m. work at work		
		form the subdence
22. I certify that I took charge of the remains described above, held an obtained by said Autopsy, Inspection or Inquiry, find that said dec	Autopsy , inspection I inquiry thereon and	oninion resulted
from: natural causes accident , suicide , homicide	undetermined	opinion resuited
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
		P//
10112 Davis ms. Diphel 200	my Vundanc - VV- md.	111/11
	ERY OR CREMATORY LOCATION (City, town, or coun	ty) (State)
BURGIAL (Specify) AUG-15,1955 MORE LAN	D PARK PARKVILLE 1	41)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
REG /) - () A A A A	ULLRICH FUNERAL HOME 2112	DUNDAL
x sol for pocent	DEDKING LANCKIN LANCK	O U TO TOR

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15A



PLACE	OF DEATH:		1 2. USUAL RESIDENCE	(HOME)	OF DECEASED.	
MI	EDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	No. 3
	TIMETER & ADARES	D DILLIA DEL INVILIA	THE OF MANAGEMENT DATES	ALIA O LUAZ	, 10	1100

I. PLACE OF DEATH:		11:	. USUAL RESIDE	NCE (HOME) OF	DECEASE	D:	
COUNTY Baltimore	MARYLAND		STATE Mary	rland coun	TY .	Beltin	are
CITY (If outside corporate limits, write RUR	AL LENGTH OF		CITY (If outsid	le corporate limits			
OR and give nearest town) TOWN Lutherville	(in this pla	ce)	OR TOWN [1117.]	herville			X
HOSPITAL OR	a facilitation		STREET		ral, give loc	ation)	1
INSTITUTION OR SEMINARY AVE	nna		ADDRESS Semi	inary Avenu	e		
3. NAME OF (First)	(Middle)	(Last)	4. DATE	(Month)	(Day)	(Year)
DECEASED: (Type or Print) RARL			AYERS	OF DEATH	8	28	19 55
E GEV. LE COLOR OR LE CINCLE	MARRIED, 8.	DATE	OF BIRTH:	9. AGE last birt	hday: IF UI		
			1906	(49) 110	yrs. Mon	ths Days	
10a. USUAL OCCUPATION (Give kind of I work done during most of work life,	ob. KIND OF BUSINE INDUSTRY:	ESS OR	11. BIRTHPLAC	CE (State or fore	ign country		ITIZEN OF WHAT OUNTRY?
even if retired): Laboere	Construct	ion	Luther	ville Md.		1 0	.S.A.
13. FATHER'S NAME:			14. MOTHER'S MA	AIDEN NAME:			
Henry T. Ayers			Annie I	Brown			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of	16. SOCIAL SECURITY N	Vo.: 17	. INFORMANT &	ADDRESS:		Lut	herville
service)		MI	s. Marie	Webb-Sem	inary	Ave.	Md.
	IR M		CERTIFICATION				
I. DISEASES OR CONDITIONS DIRECTLY LE.		LDICAL	CENTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
581.0	Makken de	0171		•		- '	UNSEL AND DEATH
Immediate cause (a)	gatty in	H.L.L.	ation of 1	iver			
Antecedent cause(s)							
Diseases or conditions, if any, (b)							
giving rise to the above cause DUE TO stating underlying cause last							
II. OTHER SIGNIFICANT CONDITIONS CONT	RIBUTING						
TO THE DEATH BUT NOT RELATED	TO THE						
DISEASE OR CONDITION CAUSING DEAT 19a. DATE OF OPERATION: 19b. MAJOR FI					***************************************		20. AUTOPSY?
The state of the s	TIDDING OF OR MANAGE						Yes No
PRIMARY or CONTRIBUTING O	LACE (Home, farm, f F street, office bld IJURY	actory, g., etc.,	21c. (City or to	own) (County)		(State)
2Id. TIME (Month) (Day) (Year) (Hour) 21	le. INJURY OCCURR		2If. HOW DID	INJURY OCCUR	?		
OF INJURY M.	While at Not w			partial			
22. I hereby certify that I took charge	Nas-		d above, held a		Inspection	on 🗆 . I	nguiry and
find that death resulted from Na							
SIGNATURE	1		CHIE	F MEDICAL EX	AMINER	D.	DATE SIGNED
11/10kg 1/dreget			M. D. ASSI	UTY MEDICAL E STANT MEDICAL	EXAM.	8/	129/55
23. BURIAL, CREMATION, DATE THERE	NAME OF CEN	METERY	OR CREMATORY		(City, town	, or count	ty) (State)
Burial (Specify): 9/1/55	Mt. Zio	n Cer		LongGre		•	
DATE REC'D BY LOCAL REGISTRAR'S S.	IGNATURE	R	Holland 1	RECTOR Funeral H	ome		ADDRESS
0 5/-	770000		1631 Drui				
	en	1	TO IT DIGT	G HITT AV			

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the eguses of death clearly and legibly. MARGIN RESERVED FOR BINDING

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G. Howard Strong 3207

W. North

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore county Baltimore MARYLAND carefully. CITY (If outside corporate limits, write RURAL LENGTH OF STAY CITY (If outside corporate limits write RURAL and give nearest town) OR and give nearest town) (in this place) TownRelsterstown TOWN Reisterstown HOSPITAL OR STREET (If rural, give location) INSTITUTION OR ADDRESS Bond Avenue STREET ADDRESS Bond Avenue 3. NAME OF (Middle) 4. DATE (First) (Last) (Day) (Month) (Year) DECEASED: (Type or Print) Calvin McDowell Beachum DEATH August 9. AGE last birthday: | IF UNDER 1 YEAR | IF UNDER 24 HRS. 5. SEX: 6. COLOR OR 7. SINGLE. MARRIED. 8. DATE OF BIRTH: WIDOWED, BIVORCED, (Specify) 1 100W CI Male Months Days 10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS OR 11. BIRTHPLACE 12. CITIZEN OF WHAT (State or foreign country): | CQUNTRY? work done during most of work life, INDUSTRY: even if retired): Bookkeeper Dairy Accounting Maryland 13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME: Elijah T. Beachum Mary C. Hughes WAS DECEASED EVER IN U.S. ARMED FORCES ?! 17. INFORMANT & ADDRESS: 16. SOCIAL SECURITY NO .: (Yes, no, or unk.) (If Yes, give war or dates of service) Calvin H. 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: ONSET AND DEATH Coronary Artery Disease yr. Immediate cause DHE TO Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. none 19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION: 20. AUTOPSY? Yes No No none 21a. EXTERNAL CAUSE WAS 21b. PLACE (Home, farm, factory, 21c. (City or town) (County) (State) PRIMARY Or CONTRIBUTING CAUSE OF DEATH. NONe street, office bldg., etc., INJURY none 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? While at Not while work | On eat work | OF INJURY none none 22. I hereby certify that I took charge of the remains described above, held an Autopsy [], Inspection [5], Inquiry [5], and find that death resulted from: Natural causes □x, Accident □, Suicide □, Homicide □, Undetermined cause □. CHIEF MEDICAL EXAMINER SIGNATURE DATE SIGNED DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM. 23. BURIAL, CREMATION, REMOVAL (Specify): NAME OF CEMETERY OR CREMATORY DATE THEREOF LOCATION (City, town, or county) Methodist DATE REC'D BY LOCAL John Burns! Sons. Towson.

BUREAU V. S.

AUG 11 1905

BECEINE

7414 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

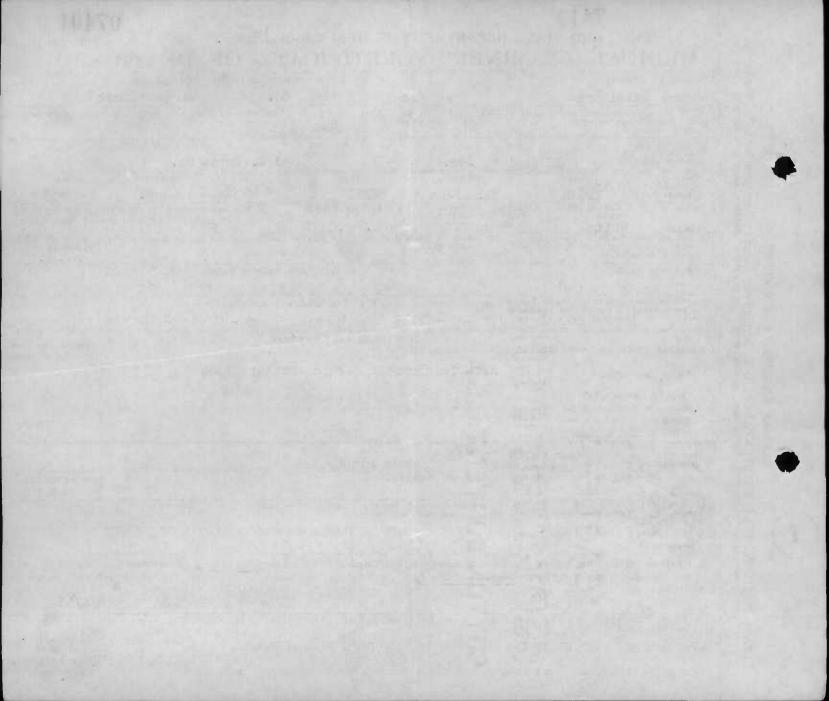
Reg. Dist.

				,LO	
EDICAL	EXAMINER'S	CERTIFIC	ATE OF	DEATH	3.7

		110.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Baltimore MARYLAND	STATE Md. COUNTY Beltimore	
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWSON LENGTH OF STAY (in this piace)	CITY (If outside corporate limits write RURAL and OR TOWN Baltimore	give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 612 Registr Ave.	STREET (If rural, give location) 838 N. Eutaw St.	/
3. NAME OF (First) (Middle) DECEASED: (Type or Print) EDGAR RUSSELL BEA	(Last) 4. DATE (Month) (Day)	(Year) 1955
5. SEX: 6. COLOR OR RACE: 7. SINGLE, MARRIED, WIDOWED, DIVORCED, 8. DATE WIDOWED, DIVORCED, 10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Helder 10b. KIND OF BUSINESS OF WORK 10b. KIND OF BUSINESS OF WORK life, 10b. KIND OF BUSINESS OF WOR	OF BIRTII: 9. AGE last birthday: IF UNDER I Y. 30,1902 52 yrs. Months Da R II. BIRTHPLACE (State or foreign country): 12.	ys Hours Min.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	0 00 011 0
Charles Beard	Delia Finn	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of no no no 215-03-7625	17. INFORMANT & ADDRESS: atherine Kane-sister-2922St	ricklandSt
O Antecedent cause(s) O Diseases or conditions, if any, (b) O Diseases or conditions, if any, (b) O DUE TO O DISEASE OR CONDITIONS ON TRIBUTING TO THE DISEASE OR CONDITION CAUSING DEATH. DISEASE OR CONDITION CAUSING DEATH. Acute a	cardiovascular disease	INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes No
21a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING OF Street, office bldg., etc., INJURY		(State)
2Id. TIME (Month) (Day) (Year) (Hour) 2Ie. INJURY OCCURRED While at Not while INJURY M. work \(\) at work \(\)	21f. HOW DID INJURY OCCUR?	•
22. I hereby certify that I took charge of the remains described find that death resulted from: Natural causes , Accidental Resolution 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER BURIAL (Specify): Aug. 6, 1955 Holy Cross DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	dent [], Suicide [], Homicide [], Undeter CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.	mined cause []. DATE SIGNED 3/4/55 inty) (State) Balto.Md.
REG. S - S - S - S - S - S - S - S - S - S	KRAUSE FUNERAL HOME 1216S.	ADDRESS
Dur		110.30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53



S

revous (If rural give location) DATE (Month) (Day) (Year) OF DEATH: 9. AGE last birthday IN NOER I YEAR IF UNDER 24 HRS. Months Days Hours (State or foreign country): |12. CITIZEN OF WHAT NAME ADDRESS INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY? YES [NO T 21c. WHERE DID (City or town) (County) (State) 21F. HOW DID INJURY OCCUR? 22. I hereby certify that I attended the deceased from ... Hereby , 1954 to Hereby , 1955 that I last saw the deceased M, from the causes and on the date stated above DATE SIGNED W. renue or county) (State) LE REGISTRAR'S SIGNATURE DATE REC'D BY LOCAL REGISTRAR

Reg. Dist. No. 38

COUNTY

DECENTED

10G 23 1955

BUREAU V. S.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Supply every item of information carefully. The

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VS.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 7416

CERTIFICATE OF DEATH

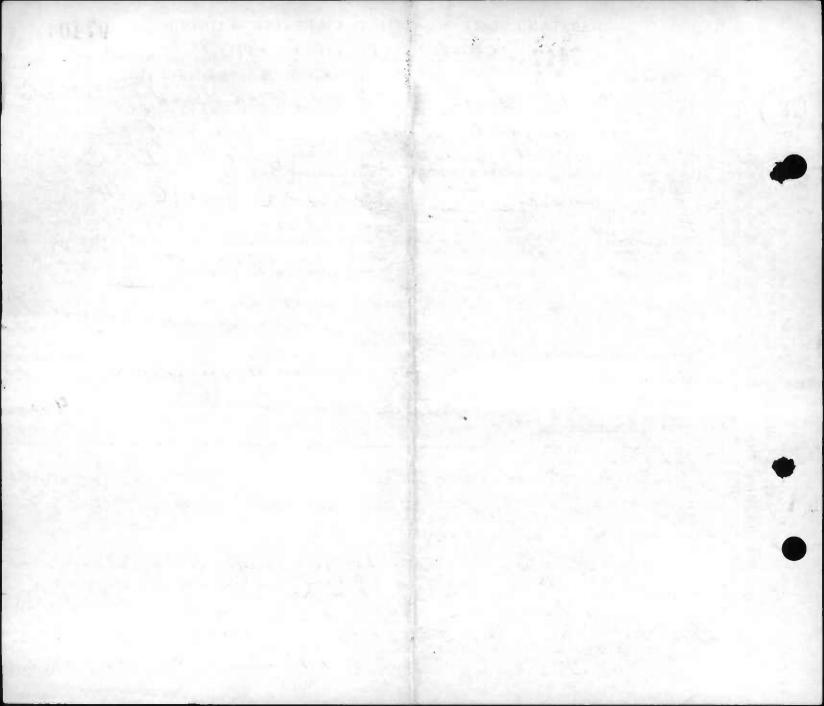
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0.00	Diet		1

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY BALTIMORE MARYLAND	STATE MARYIAND COUNTY
CITY (If outside corporate limits, write RURAL) LENGTH OF	STAY CITY(If outside corporate limits, write RURAL and give nearest tow
OR and give nearest town) (in this pla	ice) OR
X TOWN FORT HOWARD 15 Hours	
HOSPITAL OR INSTITUTION OR	STREET (If rural give location)
SOSTREET ADDRESS VETERANS ADMINISTRATION HO	
3. NAME OF (First) (Middle) DECEASED:	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) WYLIE K	BELL OF DEATH: AUGUST 27 1955
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. I	DATE OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HR
(Specify):	-16-97 58 yrs. Months Days Hours Mi
10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINE	
which done during most of working life. OR INDUCTOR	COUNTRY?
even if retired): SALESMAN AUTO PARTS	HARTSVILLE, SOUTH CAROLINA U.S.A
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
WYLIE K. BELL	MARY BELL
15. WAS DECEASED EVER IN U.S. ARMED FORCEO? 16. SOCIAL SECURITY N	
(Yes, no, or unk.) (If Yes, give war or dates of service) WW I 218-10-2624	CLIN.REC., VET.ADM.HOSP., FT.HOWARD, MD.
18. MEDICAL CERTII	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	FICATION INTERVAL BETWE ONSET AND DEA
4 d d. /	ALTEROGRA CARRACTICATE AN INCOME
IMMEDIATE CAUSE (A) ARTERIOS	SCLEROTIC CARDIOVASCULAR DISEASE 5 YEARS
ANTECEDENT CAUSE (\$)	
DISEASES OR CONDITIONS, IF ANY. (B)	
STATING UNDERLYING CAUSE LAST. DUE TO	
(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.	
194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY
	YES NO
ACCUPATION OF THE PLACE (II	
21A. ACCIDENT WAS UNDERLYING ☐ 21B. PLACE (Home, farm OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office (IF EITHER, NOTIFY MEDICAL EXAMINER)	n, factory. bldg., etc. HINJURY OCCUR? (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCU	RRED 21F. HOW DID INJURY OCCUR?
OF INJURY While Not while	le 🔲
M. at work at work	
22. I hereby certify that attended the deceased from A	UG. 26, 1955, to AUG. 27, 1955, XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
**************************************	ed at 9:40AM, from the causes and on the date stated above.
SIGNATURE John Treeman	ADDRESS DATE SIGNED
IRVING FREEMAN, M.D.	M.D. VAH Ft. HOWARD, MD 8/27/55
23. BURIAL, CREMATION, DATE THEREOF NAME OF CE	EMETERY OR CREMATORY LOCATION (City, town, of county) (State
BURIAL AUG. 29, 19 5000DLAWN	CEMETERY WOODLAWN, MARYLAND
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE!	24. FUNERAL DIRECTOR ADDRESS
REGISTRAR (7 () Ale	H. SANDER & SONS INC. NORTHAVE & BROADWA
o /) I will there	BALTO. MARYLAND

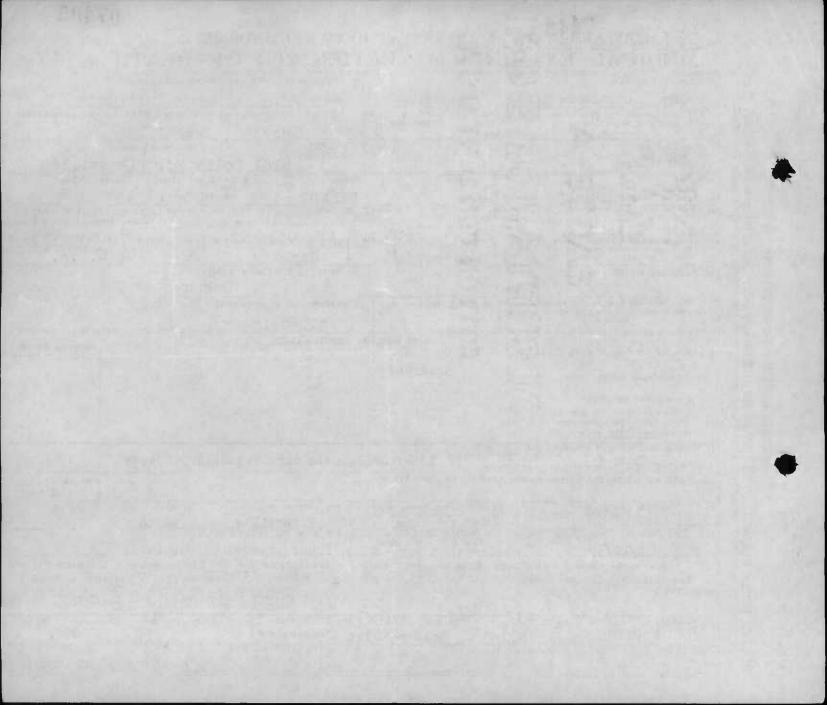
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CEPTIFICATE OF

4417	CERTIFICATI	OF DEATH	Reg. Dist. No.
1. PLACE OF DEATH:	2.1	2. USUAL RESIDENCE (HOME) OF DE	CEASED: LA OF
COUNTY PRICLE	we MARYLAND H	STATE Mary lung	COUNTY PALLO
CITY (If outside corporate limits, write OR and give charest town)	e RURAL LENGTH OF STAY (in this place)	CITY (If outside corporate limits, writed to the corporate limits.	RURAL and give nearest town)
HOSPITAL OR	- og prag	STREET (If rural)	give location)
OSTREET ADDRESS Office	memoral Home	ADDRESS 6010 you	by Rd. 1
3. NAME OF DECEASED: (Type or Print)	(Middle)	(Last) 4. DATE / (Month of DEATH: PLA	(b) (Day) (Year)
RACE: WID	OWED, DLVORCED, 8. DATE offy):	OF BIRTH: 9. AGE last birthday: 87 yrs.	If UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life,	10b. KIND OF BUSINESS OF	11. BIRTHPLACE (State or foreign cou	ntry) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME:		14. MOTHER'S MAIDEN NAME:	0
	Taylor	12	and the second
15 Was DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unk.) (If Yes, give war or dates of service)		INFORMANT & ADDRESS:	1- manorly
	18. MEDICAL CERTIFICATION	ON	Interval Between
I. DISEASES OR CONDITIONS DIRECTLY 422./	muses	which hundle	ecency Show
AMMINICULARIC COMMOC	E TO	0 / ///	
Antecedent causes (s) Diseases or conditions, if any,	" (Interes	o - Schools	Sqrs-
giving rise to the shove cause	(b)(b)(c)	K	
	(c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but related to the disease or condition causing	not		
19a. DATE OF OPERATION: 19b. MAJO			20. AUTOPSY ?
			Yes No
SUICIDE	ACE (Home, farm, factory, street, office bldg., etc.) URY	(CITY OR TOWN) (COUN	TY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF 1NJURY m.	INJURY OCCURED While at Not While Work At Work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended	the deceased from mich.	5,1955, to leng 14, 1955, t	hat I last saw the deceased
alive on Org 13, 19 33, and SIGNATURE	d that death occurred at	from the causes and or ADDRESS	
DEMONT Ken	for frue	on Rd P. Wales He	1. 8/14/33
BURIAL, CREMATION, DATE THEIR PREMOVAL (Specify)	a see at a see a s	RY OR CREMATORY LOCATION (CITY)	town, or county) (State)
DATE REC'D BY LOCAL REGISTRAL REGISTRAR	, , , , , , , , , , , , , , , , , , , ,	24. FUNERAL DIRECTOR HENCE OF SENCE &.	4905 YORK RO
11/2/3 1 1/1/10	SI EXPLOYING	P	



MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED:	Reg. Dist.
MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
	No. 32
	2.00
county Baltimore MARYLAND STATE Md. COUNTY Baltim	020
COUNTY BALTIMOTE MARYLAND STATE Md. COUNTY BALTIM CITY (If outside corporate limits, write RURAL and CITY (If outside corporate limits write RURAL	
OR and give nearest town) (in this place) OR	u give hearest www.
A TOWN Rural Pikesville HOSPITAL OR STREET (If rural, give location)	^
INSTITUTION OR STREET ADDRESS 4101 Colby Rd. Pike	/
3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Date of the control of the	
DECEASED: (Type or Print) MARGARET Helena BERNDT DEATH Aug. 22,	19 55
SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF BIRTH: 9. AGE last birthday: IF UNDER 1	
Female White Specify: Widowed Jan. 26,1892 63 yrs. Months D	ays Hours Min
10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country); 12	COUNTRY?
even if retired): Housewife Germany	U.S.A.
13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME:	
Guckel Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of	
service) Mrs. Edelmann	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: Drowning DUE TO	ONSET AND DEAT
Antecedent cause(s) Diseases or conditions, if any, (b)	
giving rise to the above cause DUE TO	
stating underlying cause last (c)	1
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Arteriosclerotic cardiovascular disease	
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY2 Yea No
21a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF street, office bldg., etc., INJURY PRIMARY PIKES VILLE 21b. PLACE (Home, farm, factory, office bldg., etc., office	(State)
CAUSE OF DEATH. INJURY home Pikesville Balto 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR?	Md
OF While at Work State Work Found drowned in bathtub	
22. I hereby certify that I took charge of the remains described above, held an Autopsy X, Inspection	. Inquiry 🖂 a
	rmined cause !
find that death resulted from: Natural causes Accident Suicide Homicide Undete	Immed cause
find that death resulted from: Natural causes Accident Suicide Homicide Undete	, DATE SIGNE
find that death resulted from: Natural causes [], Accident [], Suicide [], Homicide [], Undete SIGNATURE CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM.	B/23/55
find that death resulted from: Natural causes Accident Suicide Homicide Undete	B/23/55



L. J. Ruck, Inc. 5305 Harford Rd, Balto

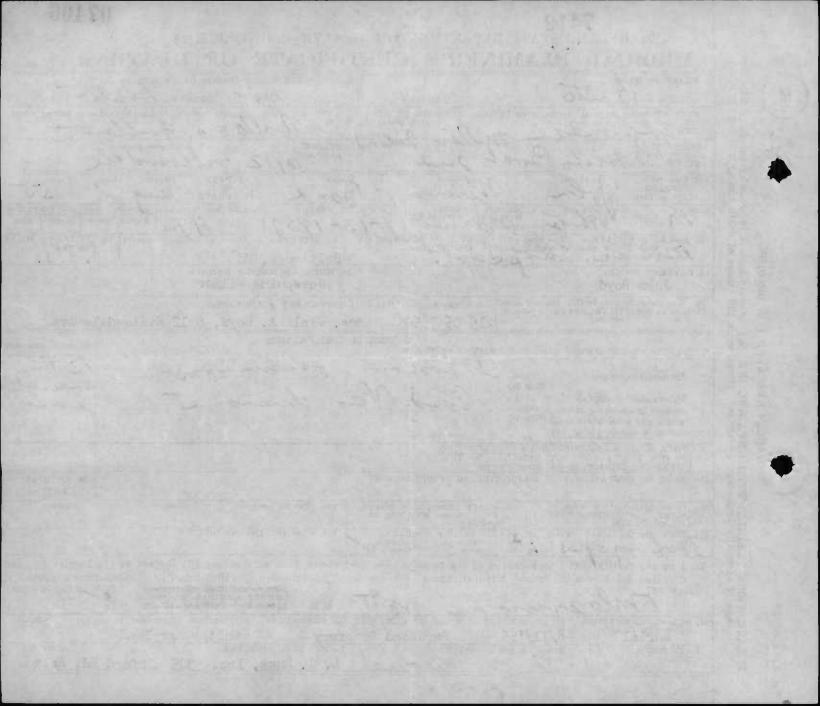
7419
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MARYLAND	STATE DEPARTMENT OF	HEALTH—BAL	IIMORE, 18	Reg. Dist.
MEDICAL I	EXAMINER'S CE	RTIFICATE	OF DEAT	'H No.
1. PLACE OF DEATH:	•	2. USUAL RESIDENCE	E (HOME) OF DECEASE	D:
COUNTY / 2allo	MARYLAND	STATE M	COUNTY /5	alto.
CITY (1) outside corporate li OR de ve negrest town)	mits, write RURAL LENGTH OF ST. (in this place)	CITY (If ortside OR TOWN	ornarate limits write RUR.	AL and give nearest town)
HOSPITAL OR INSTITUTION OF STREET ADDRESS IN	Book gard	STREET ADDRESS 6912	Willow	Pation) lake are
3. NAME OF DECEASED: (Type or Print)	Hilmer	Bond.	4. DATE (Month) OF DEATH OLY	(Day) (Year)
5. SEX: 6. COLOR OF	Wilder Divorced, 9-	-13-1907	AGE last birthday: IFO	ths Days Hours Min.
10a. HOUAL OCCUPATION (Tyork life, INDUSTRY:	Baltimore,	(State or foreign country	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: John Boyd		Josephine		
15. WAS DECEASED EVER IN U.S. (Yes, no, or unk.) (If Yes, give service)			DDRESS: Boyd, 6912 Will	owdale Ave
I. DISEASES OR CONDITIONS 420. / Immediate cause	(a)	Fa- de	ion-	Interval Between Onset and Death
Antecedent cause(s) Diseases or conditions, if as giving rise to the above constating underlying cause	USO DUE TO	tao dis	eo.e.	peaco
II. OTHER SIGNIFICANT CON TO THE DEATH BUT N	DITIONS CONTRIBUTING			
	19b. MAJOR FINDING OF OPERATION			20. AUTOPSY? Yes [] No []
21a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUT CAUSE OF DEATH.	ING 21b. PLACE (Home, farm, fact OF street, office bldg., INJURY	ory, 21c. (City or town	(County)	(State)
21d. TIME (Month) (Day) (Y	ear) (Hopr) 21e. INJURY OCCURRED While at Not while work at work	21f. HOW DID IN	JURY OCCUR?	
22. I hereby certify that	I took charge of the remains des		Autopsy [], Inspection	on [], Inquiry [], and
find that death result SIGNATURE Moa	ed from: Natural causes [], A	ccident [], Suicide [MEDICAL EXAMINER Y MEDICAL EXAMINER ANT MEDICAL EXAM.	ndetermined cause DATE SIGNED
23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF NAME OF CEME' 8/11/'55 Parkwood	TERY OR CREMATORY	Balto Marylar	
DATE REC'D, BY LOCAL	REGISTRAR'S SIGNATURE	24. FUNERAL DIR		ADDRESS
REG. £ 9-55	12 W. Bedown	/b L. J. Ruck.	Inc. 5305 Harf	ord Rd. Balto

VS. A15A - 5 - 53

MARGIN RESERVED FOR BINDING



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8-51

VS. A15

MARYLAND STATE DEPARTMEN	NT OF HEALTH	BALTIMORE, 1	18 ()74()7
7420 CERTIFICATE	E OF DEATH	Reg. 1	Dist. No. 45
1. PLACE OF DEATH:	2. USUAL RESIDENC	E (HOME) OF DECEASE	D:
COUNTY Kallo MARYLAND	STATE MA	COUNTY 3	alto.
CITY (If offside corporate limits, write RURAL LENGTH OF STAY OR and give negret town) (in this place)		porate limits, write RURA	Land give nearest town)
TOWN with Villa	TOWN THE	long Ku	lle x
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS /5	E. mid	Land Rd.
8. NAME OF DECEASED: (First) BONNIE G. (Middle) BOY L	EN	OF DEATH: (Month)	(Day) (Year) /5 19 55
RACE: WIDOWED, DIVORCED, (Specify):	0/1955	yrs. Mos	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	Balto	tate or foreign country):	12. CITIZEN OF WHA
13. FATHER'S NAME:	14. MOTHER'S MAIDE	N AME:	
15. WAS DECEASED EVER IN U.S. ARMED FORCES 16. SCHAL SECURITY No.: 17. (Yes, no, or unk.) (If Yes, give war or dates of service)	INFORMANT & ADDRI	ESS:	
18. MEDICAL (CERTIFICATION		unc
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	shediation		ONSET AND DEATH
Immediate cause (a)	0.1	^ ^	
Antecedent cause(s) Diseases or conditions, if any, (b) Strang Walter	1 - Caught	head in	Immed
giving rise to the above cause stating underlying eause last (c) Clib - during	night.		
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION:			20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)		(COUNTY)	Yes No No (STATE)
HOMICIDE (CC 10 INJURY Home TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY	OCCUR?	Mg
OF While at Not while INJURY Que 15 1955 A.M. While at work at work	Cought had	in crib letween oil	de spring during.
22. I hereby certify that I attended the deceased from.	15, 1955, to Que	9.1.5, 19.55, that I l	ast saw the deceased
alive on, 19, and that death occurred at		/ '	date stated above.
SIGNATURE (DEGREE OR TITLE	43) Fusela	u au Balto	20, Md 8 /16/55
23. BUTTAL, CREMATION DATE THEREOF NAME OF CEMERE REPORTS OF CEMER	RY OR CREMATORY	LOCATION (City, town	of country) (State)
DATE RECEIVE AND LOCAL REGISTRAL'S SIGNATURE	24. FUNERAL DIRECT	1. 10	ADDRESS h
20×4255396	Jum o	- Connect	1) 1)

11/10/1955 11.24 Butto 1924 Leave M. Benfere Town to Same BUREAU V. S. AUG 30 1955 Burea & Melin Below Mayored I

1421	CENTIE	CAIL	OF DEA.	III	Reg. Dist.	No
1. PLACE OF DEATH:		1	2. USUAL RESIDI	ENCE (HOME) O	F DECEASED):
COUNTY Baltimore	MARYLAN	ND I	STATE Mary	land coun	15	oft.
0001111	its, write RURAL LENGTH					nd give nearest town
X TOWN Fort Howard,		s.40 mi	OR	ındalk		53
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veteral	ns Administration	n Hospi	al STREET ADDRESS 280	(If rural) St. Helen:	give location) a Avenue	1
3. NAME OF (First)	(Middle)	()	Last)	4. DATE (N	fonth) (L	Day) (Year)
DECEASED: (Type or Print) FRANK		BH	RAMER	OF DEATH:	August !	5, 19 55
	SINGLE, MARRIED,	8. DATE	OF BIRTH:	9. AGE last birthda		
Male White	(Specify): Married	8-10-	-83	71 yrs	Months Da	ays Hours Min.
OA. USUAL OCCUPATION (Give ki	ind of 108. KIND OF BU g life, OR INDUSTR		11. BIRTHPLACE (State or foreign co	untry): 12.	CITIZEN OF WHA
even if retired) : Carpenter	Steel Indus		Vienna, Aus	tria	1	U.S.A.
13. FATHER'S NAME:			14. MOTHER'S MA			
Frank Bramer			Marie Hol	scher		
S. WAR DECEASED EVER IN U.S. ARMED (Yes, no, or unk.) (If Yes, give war	FORCEST SECU	BITY NO.	17. INFORMANT	ADDRESS:		
Yes, no, or unk.) (If Yes, give war of service)	or dates Unknown	.538	Clin. Rec., Ve	t.Admin.Hos	sp.,Ft.He	oward, Md.
	18. MEDICAL C	ERTIFICATI	ON			INTERVAL BETWEE
I DISEASES OR CONDITIONS D	DIRECTLY LEADING TO DE	EATH				ONSET AND DEAT
420,1	OTT	AND DEGE	SIM THE ADOMEO	AT OF THE	TIME	TRITALOG BY
IMMEDIATE CAUSE			NT INFARCTIC			
ANTECEDENT CAUSE (S)	DUE 10 THRO	MBOSIS C	F RICHT CORC	MARY ARTER	Y	UNKNOWN
DISEASES OR CONDITIONS, IF						
GIVING RISE TO THE ABOVE CA STATING UNDERLYING CAUSE	LAST. DUE TO ARTE	RIOSCLER	OSIS AND HYP	ERTENSION		UNKNOWN
	(C)					
II OTHER SIGNIFICANT CONDITO THE DEATH BUT NOT REL	TIONS CONTRIBUTING	PARTIAL	INFARCTION C	F SMALL AND)	
TO THE DEATH BUT NOT REL DISEASE OR CONDITION CA	USING DEATH, LARGE	TNTEST	NE DIE TO AE	TERTOSCIERO	OSTS	Unknown
	. MAJOR FINDINGS OF					20. AUTOPSY?
						YES NO
21A. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN	EATH OF INJURY street,			OID (City or town) (County	y) (State)
21D. TIME (Month) (Day) (Year)	(Hour) 21E INJURY While No	OCCURRED ot while	21F. HOW DID I	NJURY OCCUR?		
OF INJURY	M. at work at	work	40.4			
22. I hereby certify that Watt	tended the deceased from	9:00 PM,	8/4/55, to ^{2:4}	O PM.8/5/5	that blast	saw the decease
aliverous page force 19				ne causes and o	n the date s	
THINION	tell p					8 E E E
23. BURIAL, CREMATION, DAT	E THEREOF NAME	OF CEMETE	D. VAH, Fort	LOCATION (City, town, or	county) (State
BURIAL (SPECIFY)	6. 8. 1955 Baltin	more Nat	ional Cemete		0.0	
DATE REC'D BY LOCAL REC	SISTRAR'S SIGNATURE	,	24. FUNERAL D	RECTOR	Farmana	ADDRESS

CJP PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

7422

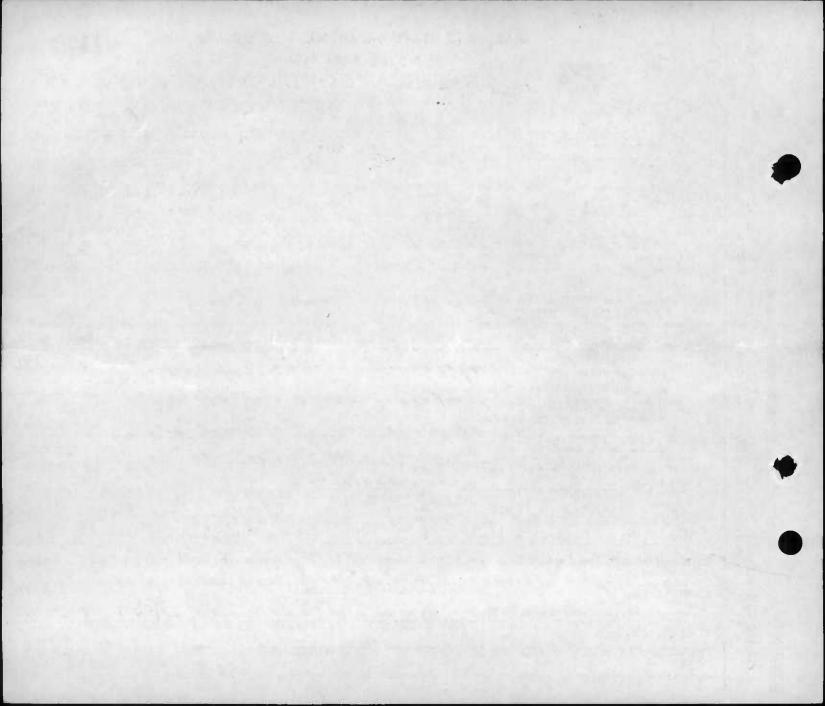
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CERTIFICATE OF DEATH Reg. Dist. No. 2. USUAL RESIDENCE (HOME) OF DECEASED. 1. PLACE OF DEATH-COUNTY STATE COUNTY MARYLAND nesland LENGTH OF STAY CITY (If outside corporate limits, write RURAL and CITY (If outside corposite limits, write RURAL and give nearest town) give nearest town) (in this place) TOWN TOWN month HOSPITAL OR INSTITUTION OR STREET (Itrusal, give location) ADDRESS STREET ADDRESS Mando 3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day) (Year) DECEASED (Type or Print) DEATH 1954 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Wiscom 6. COLOR OR RACE 9. AGE last hirthday | Wunder 1 year | If under 24 hrs | Montha | Days | Hours | Min. 10b. KIND OF BUSINESS OR 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT done during most of working life, even if retired) INDUSTRY COUNTRY? 13. FATHER'S NAME U. S. A. 14. MOTHER'S MAIDEN NAME 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 17. JNFORMANT 16. SOCIAL SECURITY NO. AND ADDRESS (Yes, no, or unknown) | (If yes, give war or dates of service) 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY mone Yes [No [21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) (CITY OR TOWN) (COUNTY) (STATE) SUICIDE 27000 mone more. HOMICIDE INJURY INJURY OCCURRED HOW DID INJURY OCCUR? TIME (Month) (Day) (Year) (Hour) While at Not While INJURY Work At work 19 55, to the garden, 19 55, that I last saw the deceased 22. I hereby certify that I attended the deceased from ADDRESS (Degree or title) DATE SIGNED SEGNATURE amus Troham manton ma 23. BURIAL, OREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) REMOVAL (Specify) 3801 24 FUNERAL DIRECTOR DATE REC'D BY LOCAL REGISTRAR'S-SIGNATURE ADDRESS REG.

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WRITE

PLEASE



orr	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	No. 4 0
e c	1. PLACE OF DEATH: / 2. USUAL RESIDENCE (HOME) OF DECEASED:	
The ly.	COUNTY / Dalto, MARYLAND STATE M. COUNTY HORS	ord
fully. To legibly.	CITY (If outside corporate limits, write RURAL and OR and give searest town) OR and give searest town TOWN CITY (If outside corporate limits write RURAL and OR TOWN)	give nearest town)
n care.	HOSPITAL OR GENERAL STREET ADDRESS (If rural, give location) STREET ADDRESS	/
of information carefully. f death clearly and legib	3. NAME OF DECEASED: (Middle) Brock (Last) 4. DATE (Month) (Day OF DEATH OUG / 9	(Year) 1955
f infor	5. SEX: 6 COLOR OR 7. SINGLE, MARRIED, WYDGWED, DIVORCED, TOTAL OF BIRTH: 9. AGE last birthday: WINDER YY Months Da	ys Hours Min.
g 0	10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): INDUSTRY: INDUSTRY: INDUSTRY:	COUNTRY?
cau	13. FATHER'S NAME: MOTHER'S MAIDEN NAME:	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES 7 16. SOCIAL SECURITY No.: 17. INFORMANT & ADDRESS: (Yes, no, or unk.) (If Yes, give war or dates of service)	
Supply write th	18. MEDICAL CERTIFICATION I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	INTERVAL BETWEEN
please	Immediate cause (a) Crushed Skulla	ONSET AND DEATH
UNFADING Physicians:	Antecedent cause(s)	- G
ADI	Diseases or conditions, if any, (0) giving rise to the above cause DUE TO	
YE!	stating underlying cause last (c)	
	II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
LY, WITH important.	19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes \(\text{No} \(\text{D} \)
LY, imp	21a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING Discrete Street, office bldg., etc., CAUSE OF DEATH. 21b. PLACE (Home, farm, factory, office bldg., etc., like of the order o	(State)
E PLAINLY especially im	21d. TIME (Month) (Day) (Year) (Hourn 21e. INJURY OCCURRED While at work 71e. HOW DID DIJURY OCCUR? OF INJURY (19, 55) 11 M. Work 1 at work 1 True fell on his fe	at
Spe	22. I hereby certify that I took charge of the remains described above held an Autopsy [], Inspection [],	
WRITE ge is es	find that death resulted from: Natural causes [], Accident [], Suicide [], Homicide [], Undeter SIGNATORE CHIEF MEDICAL EXAMINER [] DEPUTY MEDICAL EXAMINER []	DATE SIGNED
ASE V	23. BUNIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or co	unty) (State)
PLEA	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 29 FUNERAL DIRECTOR	ADDRESS

VS. A15A - 5 - 53

MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

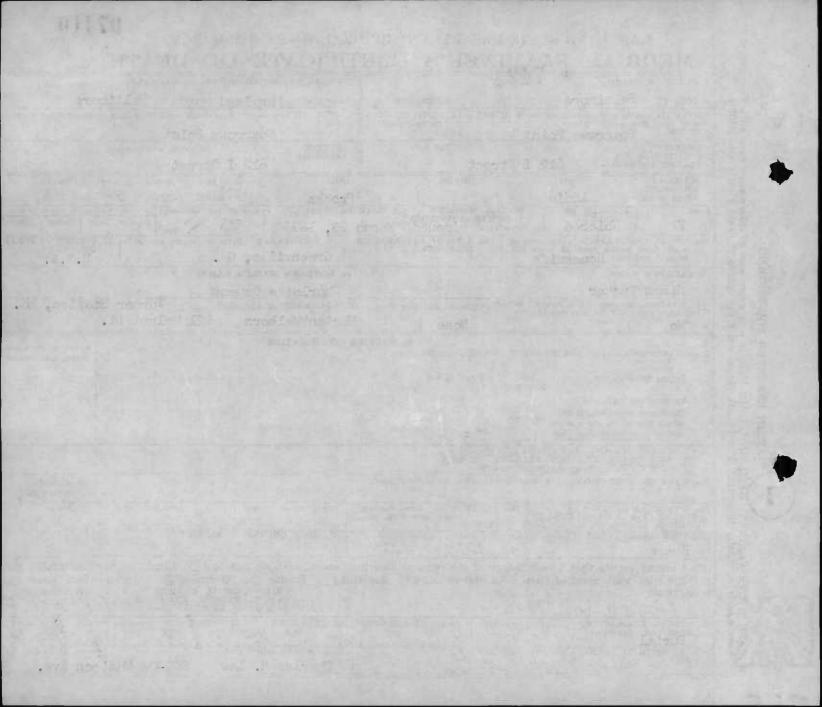
MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	No
					4 * *

MINDICAL PARMITTER S CEL	THE OF DEATH	No
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
county Baltimore MARYLAND	STATE Maryland COUNTY Baltime	ore
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Sparrows Point LENGTH OF STAY (in this place)	CITY (If outside corporate limits write RURAL and OR TOWN Sparrows Point	give nearest town)
HOSPITAL OR STREET ADDRESS 612 I Street	STREET (If rural, give location) ADDRESS 612 I Street	/
3. NAME OF (First) (Middle) DECEASED: (Type or Print) Addie	Brooks 4. DATE (Month) (Day) OF DEATH Pug. 79	(Year) 19 55
F Colored Specify): Widowed Marc	TE OF BIRTH:/8809. AGE last birthday: IF UNDER I YI ch 23, 1873	
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Housewife 10b. KIND OF BUSINESS (INDUSTRY:		CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Simon Tucker	Charlotte Cowens	
15. Was Deceased Ever In U.S. Armed Forces? (Yes, no, or unk.) (If Yes, give war or dates of service) None	Marian Welborn 121 Walnut St.	tation, Mi.
18. MEDIO	CAL CERTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		ONSET AND DEATH
Immediate cause (a) Myo CARd 1+15		
DUE TO		
Antecedent cause(s)		
Diseases or conditions, if any. (b)giving rise to the above cause DUE TO		
stating underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION; 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes No
21a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF Street, office bldg., et INJURY	tc.,	(State)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY M.	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I took charge of the remains descr	ribed above, held an Autopsy 🗌 , Inspection 🕞	Inquiry . and
find that death resulted from: Natural causes , Acc		
SIGNATURE MS	CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.	8/30/5/
	ERY OR CREMATORY LOCATION (City, town, or cot	unty) (State)
Burial 9/3/55 UALULUS DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	Memarial FR Christian 71	ADDRESS
REG. 6/3/15 Still Hedrich Tit	Charles R. Law 802-04 Madi:	son Ave.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. - 5 - 53 A15A VS.

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Physicians:

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MARYLAND STATE DEPARTMENT	T OF HEALTH	RALTIMORE 1	207114
7425 CERTIFICATE		TT	Oist. No. 30
1. PLACE OF DEATH:	2. USUAL RESIDEN	NCE (HOME) OF DECEA	SED:
COUNTY Baltimore MARYLAND	STATE Mary	land COUNTY	Fred
CITY (If outside corporate limits, write RURAL of STAY or and give nearest town) 52 TOWN Catonsville 18yr9mol0d	CITY(If outside coor OR AYSTOWN Free	orporate limits, write RURA	10-11-2
HOSPITAL OR INSTITUTION OR Spring Grove State Hospi	STREET ADDRESS	(If rural give locati	ion)
DECEASED.	(Last)	4. DATE (Month)	(Day) (Ycar)
(Type or Print) George Lutner Mason	Brooks	DEATH: Augu	78 13 22
** RACE: WIDOWED DIVORCED	known	71? yrs. Months	Days Hours Min.
NOA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Plumber	Marylai	tate or foreign country):	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAI	DEN NAME:	TANK TO THE PARTY OF
Unknown	Unknown		
(Yes, no, or unk.) (If Yes, give war or dates Unknown Of service) Unknown	Records Spi	ADDRESS:	ate Hospital
ANTECEDENT CAUSE (S: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO Thrombos: DUE TO Thrombos:	y Embolism is of femore	al artery, le	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	etc. INJURY OCCUR	D (City or town) (Co	ounty) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID IN	JURY OCCUR7	
22. I hereby certify that I attended the deceased from 10-21 alive on 8-3-, 19.55 and that death occurred at SIGNATURE 3. BURIAL, CREMATION. DATE THEREOF NAME OF CEMETE REMOVAL (SPECIFY)	Spring Gr		te stated above. DATE SIGNED P1tal 8-3-55

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BUREAU V. S.

AUG 25 1975

DECENAED

The					
Illy.	I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED)·		
efu	D	Mal			
leg	COUNTY La Ct 1 MOTE MARYLAND CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	STATE COUNTY CITYII outside corporate limits, write RURAL a	nd give nearest town)		
nd br	OR and give nearest town) (in this place)	OR STATE	2) 4 a 4		
atic 7 an	52 TOWN Catons ville	211-111011	3 V O 1 - 14		
item of information careful	14 street address Spring Grove State Hosp.	STREET (If rural give location) ADDRESS 235 W. BALT MON	e St V		
h c			Day) (Year)		
of	(Type or Print) Tazzy	DEATH: 8	8 1955		
iten of d	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE WIDOWED. DIVORCED. (Specify): Widowad 3	, , , , , , , , , , , , , , , , , , , ,	Pays Hours Min.		
every	work done during most of working life. even if refinal 1 is here WARDLE	11. BIRTHPLACE (State or foreign country): 12. MARVIAND	CITIZEN OF WHAT		
pply the	13. FATHER'S NAME: William L. BUYKE	14. MOTHER'S MAIDEN NAME	110,11		
0 prof	15. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:			
	(Yes, no, or unk.) (If Yes, kive war or dates of service) on E	MR. WM J. BURKE 34 BERN.	ICE AUE		
	18. MEDICAL CERTIFICAT I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TION	INTERVAL BETWEEN		
DIN P	1/2.2.	10. 0. 1	ONSET AND CEATH		
NESERVED UNFADING sicians: plea	IMMEDIATE CAUSE (A) Cerebro	Vascular Accident scherotic Cardio Vasc. D.	4 days		
NE	ANTECEDENT CAUSE (S)				
0,1	DISEASES OR CONDITIONS, IF ANY. (B) Arterio	scherotic Cardio Vasc. D.	years		
	STATING UNDERLYING CAUSE LAST. (C)				
2 - E	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE				
Nodu	DISEASE OR CONDITION CAUSING DEATH	N	20. AUTOPSY?		
y in			YES NO L		
VRITE PL	21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farin, factory. 21c. WHERE DID (City or town) (County) (State) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR?				
OR WRITE PLAINLY	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While Not while at work at work				
OR e i	22. I hereby certify that I attended the deceased from 8/3	1 , 1953, to 8/8 , 1946, that I last	saw the deceased		
PLEASE TYPE O	alive on 8/8, 1955, and that death occurred at SIGNATURE	ADDRESS DAY			
EASE	o rouch	ERY OR CHEMATORY LOCATION (City, town, or TBALTINORE	county) (State)		
PL	DATE PEC'D BY LOCAL REGISTRAR'S SIGNATURE	240 FUNERAL DIRECTOR	ADDRESS		

VS. A15-10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

74)4 CERTIFICATE OF DEATH

Reg. Dist. No. 42

07334

	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	alto.
	COUNTY Q. Q. MARYLAND	STATE Med. COUNTY C. G	2-
	CITY (If outside corporate limits, write RURAL OR and sive nearest town) TOWN LENGTH OF STAY (in this place)	CITY If outside corporate limits, write RURAL and give OR TOWN Land down	nearest town)
	HOSPITAL OR		
,	INSTITUTION OR	STREET (If rural give location)	
	ODSTREET ADDRESS 59 Howard UVE.	139 Howard Uv	٤.
	3. NAME OF (First) (Middle) DECEASED: 77	(Last) 4. DATE (Month) (Day)	(Year)
	(Type or Print) NEWRY C. Busen El-67	ENGET DEATH QUE 22	1955
	5. SEX: 6. COLOR OR 7. SHOLE, MARRIED, 8. DATE	OF BIRTH: 9. AGE last birthday IF INDER I YEAR IF	UNDER 24 HRS.
	Male White married 6/1	6/1898 5 / yrs.	lours Min.
	work done dring most of working life. even if stirred 64 84	II. BIRTHPLACE (State or Toreign country): 12. CITIZE COUNTY	
	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
	John J. Buschelberger	Isabella Mayer	
	IS. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS: 4 6 1 - 4 C.S.H	•
	(Yes, no, or unk.) (If Yes, give war or dates of service)	159 Howard ave. Lans down	18
	18. MEDICAL CERTIFICAT	ION	VAL BETWEEN
24	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSE	T AND DEATH
	1991	tis law all 21	L 1
	IMMEDIATE CAUSE (A) LUCADO	all Mercinoma neck 5:	2 mos
	ANTECEDENT CAUSE (S)		
	DISEASES OR CONDITIONS, IF ANY, (B)		
	STATING UNDERLYING CAUSE LAST. DUE TO		
	(C)		
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
	DISEASE OR CONDITION CAUSING DEATH.		
La .	194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	20	AUTOPSY?
		YES	
3			
	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	etc. INJURY OCCUR? (County)	(State)
4	OF INJURY (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	
	22. I hereby certify that I attended the deceased from an 2	8 , 1955, to Clug & , 1950, that I last saw	the deceased
3	alive on Aug. 1, 1955, and that death occurred at	10:15AM from the causes and on the date stated	ahove
	SIGNATURE	ADDRESS DATE SIGN	
	Collection Mossberg In D. M	. D. 2436 Washington Block-30 8/3	155
,		TRY OR CREMATORY LOCATION (City, town, or county	
	Burial 8/5/55 Sucred	Heart Balto. Md.	
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADD	RESS

OR

PLEASE TYPE

CANADA EAST

(State)

Sell	car
M)	Supply every item of information care
	of
	item
51	every
BINDING	Supply

ARGIN RESERVED FOR BINDING

The

fully.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED);
COUNTY Baltimore MARYLAND	STATE Maryland COUNTY	
CITY (If outside corporate limits, write RURAL LENGTH OF STAY and give nearest town) (in this place)	CITY(If outside corporate limits, write RURAL a	nd give nearest town
Town Catonsville 1 mo.5day		3101.4
HOSPITAL OR	STREET (If rural give location)	
TSTREET ADDRESS Spring Grove State Hospi	tal 1504 Hollins Street	t
3. NAME OF (First) (Middle)		(Year)
(Type or Print) Daniel Sy. C	onroy OF DEATHAUgust 1	6, 19 55
RACE: WIDOWED DIVORCED	OF BIRTH: 9. AGE last birthday IF UNDER 1 Y Months D	
Male White (Specify): Widowed 8-11-	1890 65 yrs.	
work done during most of working life	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
even if retired Storekeeper		USA
3. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
James Conroy	Mary Myers	
S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
Yes, no, or unk.) (If Yes, give war or dates Unknown of service) Unknown	Records Spring Grove Stat	e Hoenttol
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 420.1 IMMEDIATE CAUSE (A) Myocardia DUE TO	linferction	ONSET AND DEATH
ANTECEDENT CAUSE (S)		
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	erteriosclerosie thrombosi	s 2 days
(c) Coronary	arteriosclerosis	vears
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION		20. AUTOPSY7
21A. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,		y) (State)
DF INJURY M. Hour) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 7-1:	1 19 55 to 8-16- 19 55that I lest	saw the decease
	3:15PM, from the causes and on the date s	
SIGNATURE	ADDRESS O. DAT	E SIGNED
SIGNATURE S. Waller MM 23. BURIAL, CREMATION, DATE THEREOF, NAME OF CEMETE	p.Catonsville 28 Manual	tal 8-16-5
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE	RY OR CREMATORY LOCATION (City town, or,	county) (State

OR WRITE PLAINLY, WITH UNFADING INK. 10 - 53

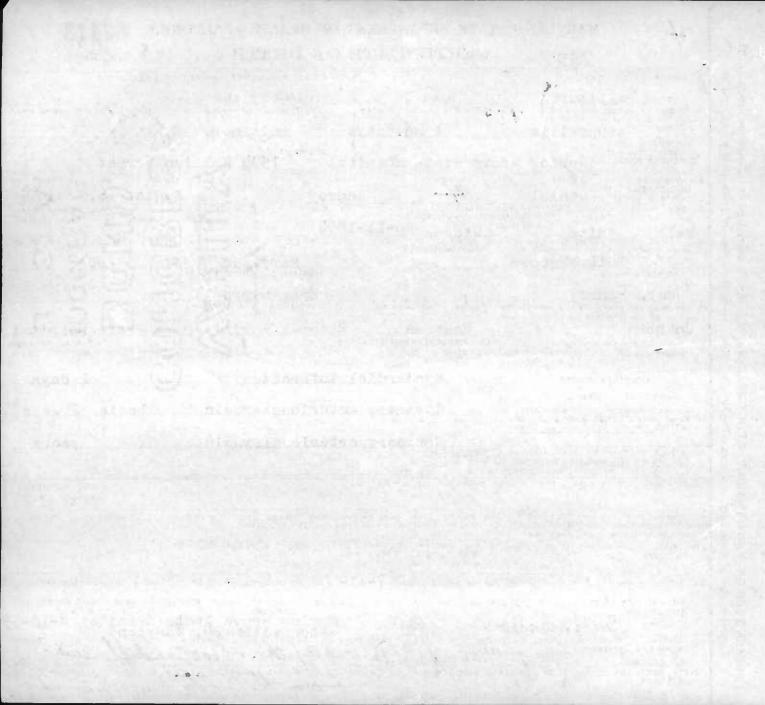
A15 VS. PLEASE TYPE

CREMATION,

REGISTRAR'S

SIGNATURE

DATE REC'D BY LOCAL



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

The correct

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltlmore

07414

CERTIFICATE OF DEATH

Reg. Dist. No....3.3.

1. PLACE OF DEATH Ballimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED- STATE COUNTY	
OR give nearest town) Owing Mills Cin this piace)	CITY (If outside corporate limits, write RURAL and give OR TOWN	nearest town)
HOSPITAL OR DINSTITUTION OR DIWYN Brook Lavre	STREET (If rural give location) ADDRESS	
3. NAME OF (First) DECEASED (Typo or Print) India Mable Cons	tantine d. DATE (Month) OF DEATH August	(Day) (Year) 26 19 ⁵)
6. COLOR OR RACE 7. SINGLE MARRIED WIDOWED, DIVORCED, (Specify)	17 yrs.	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY INDUSTRY	Peistretun, md.	CITIZEN OF WHAT
13. FATHER'S NAME ? Rau	14. MOTHER'S MAIDEN NAME	v d
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	17. INFORMANT mus Jane 7 ord - Laughter	
18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
Care! - con	vix c metastasis	11
17 / Immediate cause (a) Common Com	VYC C MEXAMALIA	T years
Antecedent cause(s)	. 0 .	
Diseases or conditions, if any, (b)	sis, generalized	
giving rise to the above cause stating the underlying cause last		
(a) Coronay)	usufficiency	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	1	20. AUTOPSY?
		Yes 🗆 No 📈
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) NJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. INJURY At work	HOW DID INJURY OCCUR?	
	1 -055 . 25 August 10 57	
22. I hereby certify that I attended the deceased from / 8 augus		
alive on Saugut, 1955, and that death occurred at SIGNATURE (Degree or title)	ADDRESS from the causes and on the date stat	ed above.
Charles J. Williams M.D.	spesulle 8, ma 20	august 53
REMOVAL (Specify) aug 29-1955 all Sainto	RY OR CREMATORY LOCATION (City, town, or county Reliefestown	md.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
REG 8-29-55 Mary 3, 5, Luce	Ibm Berryman & Sons - Reinterstown	, md.

BUREAU V. S.

BECEINED

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

7429

MARYLAND STATE DEPARTMENT OF HEALTH

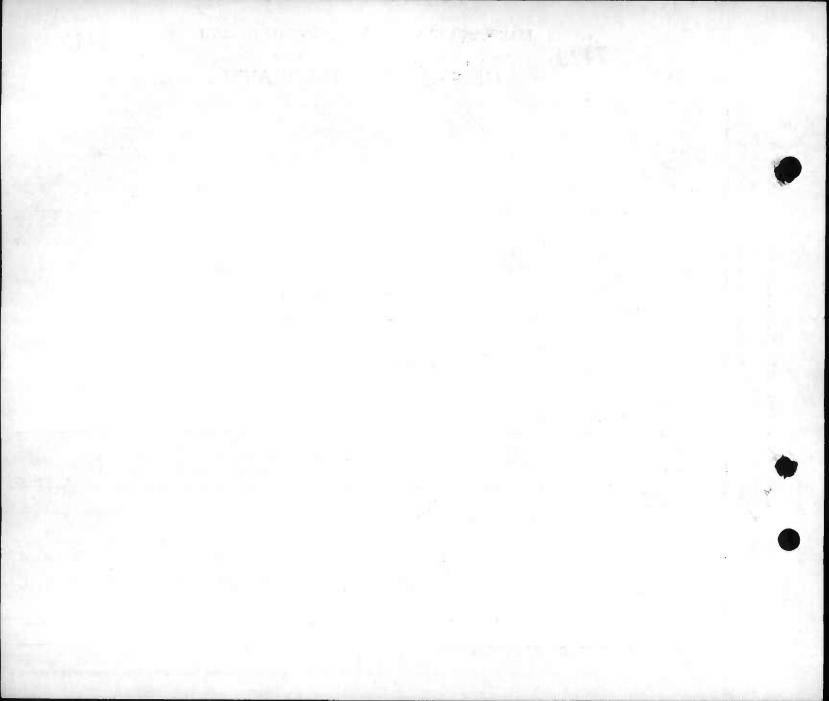
2411 N. Charles Street, Baltimore

07415

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED COUN	TY -
CITY (If outside corporate limits, write RURAL and LENGTH OI	F STAY CITY (If outside corporate limits, write RURAL and	give nearest town)
X OR give nearest town Talls (in this I	TOWN ROOM SHOWING	talls X
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural) give location) ADDRESS 6 8 2 1	186-91
3. NAME OF DECEASED (First) (Middle) (Type or Print)	R CORK 4. DATE (Month) / OF DEATH CHILL	(Day) (Year) -/8 - 1954
6. COLOR OR RACE 7. SINGLE, MARRIE WIDOWED, DIVOI (Specify)	WIII 21/20 10 01 2 yrs. 1	er i year If under 24 hrs as Days Hours Min.
104/USUAL OCCUPATION (Give kind of work done during most of working life, ever if refired) INDUSTRY	entil Ballimore	12. CITIZEN OF WEAT COUNTRY?
13. FATHERS NAME PARK!	14. MOTHER'S MAIDEN NAME	in
15. Was Decrased Ever In U.S. Armed Forces? 16. Social Security (Yes, no, or unknown) (If yes, give war or dates of 2/1/32-09	190 Min Istook- Bal	267
18. MØD	CAL CERTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	н /. /	ONSET AND DEATH
177X Immediate cause (a) tardian	Jarlesse ,	/ day.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	Je Trostale	1/2 yes
(c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERA	ATION	20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factor,	y, street, (CITY OR TOWN) (COUNT	Yes No Y
SUICIDE OF office bidg., etc.) HOMICIDE INJURY		I) (SIAIE)
TIME (Montb) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not Whi INJURY m. INJURY OCCURRED	ile	
22. I hereby certify that I attended the deceased from	1954 to Dung . 1955 that I last	saw the deceased
alive on 8-17, 19.55 and that death occurr	red at	stated above.
SIGNATURE (Degree or titi	ADDRESS BOOK POOL	DATE SIGNED
	CEMETERY OR CREMATORY LOCATION (City, town, or co	up(v) (State)
CHOYAL (Specify) Celles 20117 Am	124. FUNERAL DIRECTOR	L ADDRESS !
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 9 55	Sellammmn 108	ADDRESS
		1



Reg. Dist. No. I. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY BALTIMORE STATE MARYLAND MARYLAND COUNTY CITY(If outside corporate limits, write RURAL and give nearest town) CITY (If outside corporate limits, write RURAL) LENGTH OF STAY Min this place) and and give nearest town) information TOWN FORT HOWARD TOWN OWINGS MILLS HOSPITAL OR STREET (If rural give location) INSTITUTION OR ear ADDRESS STREET ADDREVETERANS GARRISON ROAD ADMINISTRATION HOSPITAL 2 (First) (Middle) 3. NAME OF 4. DATE (Month) (Day) (Year) death DECEASED DEATH: AUGUST CORBIN (Type or Print) GEORGE item 6. COLOR OR 7. SINGLE, MARRIED. OF 8. DATE BIRTH 9. AGE last birthday IF UNDER I YEAR (Specify): MARRIED Jo Months Days Hours MALE yrs. causes IOA. USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country): |12. CITIZEN OF WHAT work done during most of working life. OR INDUSTRY: U. S. A. Heavy "equip. Operator COCKEYSVILLE, MARYLAND Road Construction Supply 13. FATHER'S NAME: the 14. MOTHER'S MAIDEN NAME MARGARET SHEELER GEORGE M. CORBIN 17. INFORMANT & ADDRESS 15. WAS DECEASED EVER IN U.S. ARMED FORCEOF 19. SOCIAL SECURITY NO. Wri (Yes, no or unk.) (If Yes, kive war or dates CLIN.REC., VET.ADM.HOSP., FT.HOWARD, MD. Z ease 18. MEDICAL CERTIFICATION INTERVAL BETWEEN Ž I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH d ONSET AND DEATH CARCINOMA OF THE RIGHT LUNG WITH a (A) METASTASTS TO RTB AND VERTEBRAL COLUMN UNKNOWN Physicians IMMEDIATE CAUSE DUE TO Z ANTECEDENT CAUSE (S' b DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING porta TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION (1) Bronchoscopy: Bronchial mucosal cells, 32) Myelogram: Propable metastatic turn 2)7-25-55(3)7-27 grachnold by Laminectomy 1-5: Compression of dura & 214. ACCIDENT WAS UNDERLYING 1216. PLACE (Rome, Tarm, factory, 21c. Where DID (City or town) imi 20. AUTOPSY? K NOXX (County) (State) 国 OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? RITI (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HDW DID INJURY OCCUR? While OF INJURY Not while at work L at work 0 Se 国 a C ct SIGNATURE TY ADDRESS DATE SIGNED JOSEPH M. MILLER, M.D., Chief, Surgical Services VAH, FORT HOWARD, MARYLAND 8-23-55
23. BURIAL, CREMATION; DATE THEREOF NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) 国 (State) S REMOVAL (SPECIFY) € 8-27-55 FALLS RD. METHODUST CHAPEL BALTIMORE COUNTY, MD. DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JOSEPH F. ELINE & SONS FUNERAL HOME 24. FUNERAL DIRECTOR

evil

REISTERSTOWN. MARYLAND

BUREAU V. S.

2361 88 **201**4

BECEINED

CITY (If outside corporate limits, write RURAL and

(First)

6. COLOR OR RACE

Baltimore

Sparrows Point

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0	7	1	1	17
()		X	1	

CERTIFICATE OF DEATH

	DEATH	Reg. Dist. No.	
		OF DECEASED COUNTY	L JOHN ETT
OR TOWN	If outside corporate limi Sparrows Po	its, write RURAL and give	nearest town)
STREE	Т	(If rural, give location)	7

OR give nearest town) HOSPITAL OR INSTITUTION OR * STREET ADDRESS

I. PLACE OF DEATH

COUNTY

3. NAME OF

5. SEX

DECEASED

(Type or Print)

ADDRESS 512 D St (Last)

11. BIRTHPLACE (State or foreign country)

4. DATE (Month) (Year) Aug DEATH 8. DATE OF BIRTH 9. AGE last birtbday If under 1 year | If under 24 hrs. Months. | Days | Hours | Min. May 14 1896

Female white 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

15. WAS DECRASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) | (If year, give war or dates of

service)

10b. KIND OF BUSINESS OR INDUSTRY at home

MARYLAND LENGTH OF STAY

(Middle)

(Specify)

7. SINGLE, MARRIED, WIDOWED, DIVORCED,

16. SOCIAL SECURITY NO.

(in this place)

Cox

Indianna 14. MOTHER'S MAIDEN NAME Maude Louiso

COUNTRY?

12. CITIZEN OF WHAT

13. FATHER'S NAME

John Mordica

17. INFORMANT

Samuel Cox or 512 D St Sparrows Point

(COUNTY)

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Almmediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

18. MEDICAL CERTIFICATION

INTERVAL BETWEEN

ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes 🖺

(STATE)

No F

21. ACCIDENT SUICIDE HOMICIDE TIME (Month) OF INJURY

(Specify)

(Dav)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY INJURY OCCURRED While at Not While Work At_work

HOW DID INJURY OCCUR?

(CITY OR TOWN)

22. I hereby certify that I attended the deceased from 1952, to ling: /2, 19.13, that I last saw the deceased alive on day, 19.51, and that death occurred at 5.00 Å. m., from the causes and on the date stated above.

(Year)

(Hour)

DATE SIGNED

ames BURIAL, CREMATION DATE REMOVAL (Specify

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

DATE REC'D BY LOCAL REG.

information of clearly and of MARGIN RESERVED FOR BINDING Supply every item write the causes of INK. UNFADING t. Physicians: v important. WITH

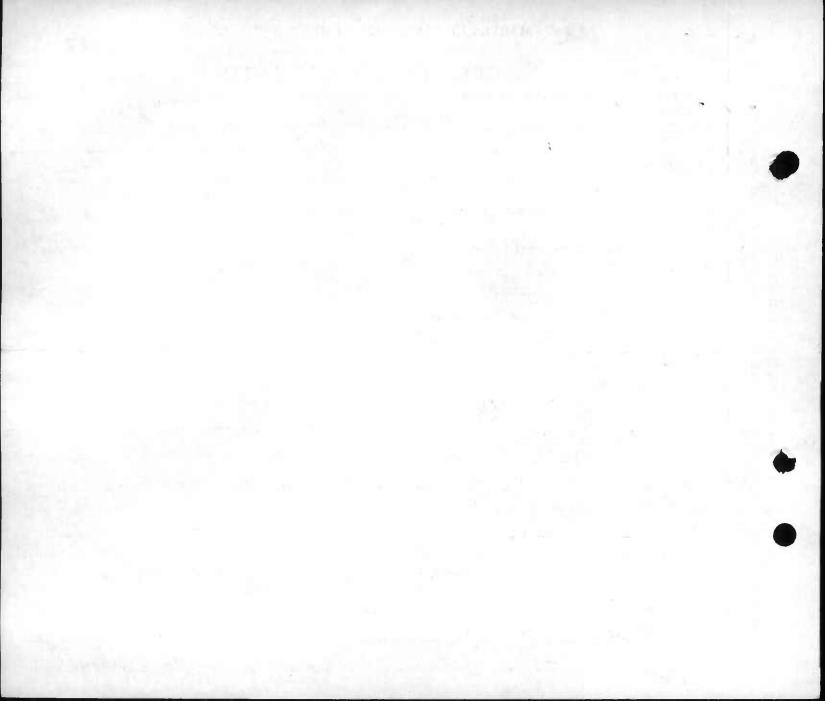
PLAINLY, s especially i

WRITE

PLEASE

correct

carefully and legibly



MARYLAND STATE DEPARTMENT OF HEALTH

7432

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

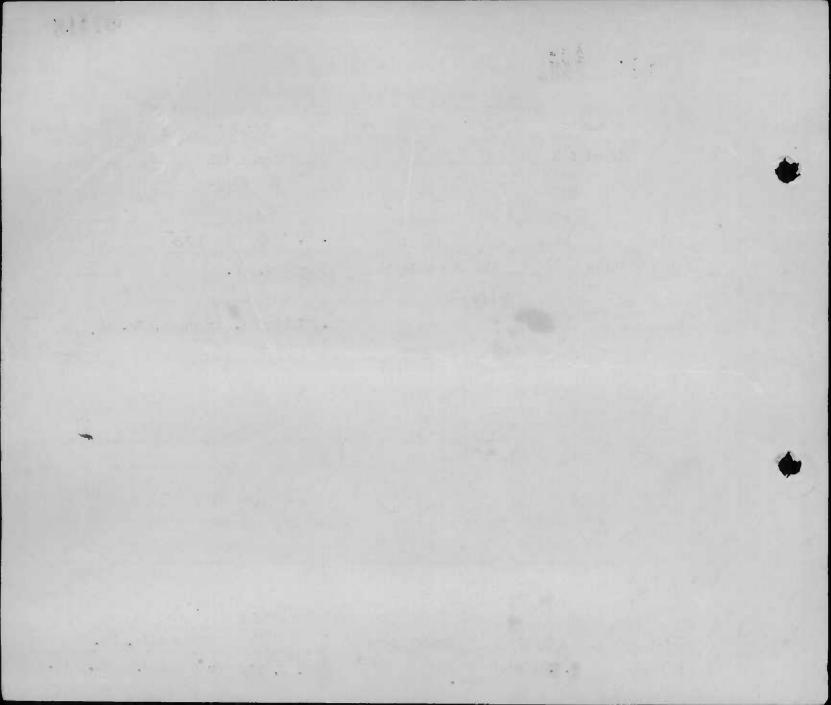
Reg.	Digt.	No

	Reg. Dist. No.	• • • • • • • • • • • • • • • • • • • •
I. PLACE OF DEATH- COUNTY Relimone	2. USUAL RESIDENCE (HOME) OF DECEASED.	
MARYLAND	Maryland	Baltimore
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) (in this place)	CITY (If outside corporate limits, write RURAL and give	e nearest town)
Z TOWN SCORETEIN	TOWN Stoneleigh	X
HOSPITAL OR INSTITUTION OR	(If fural, give location)	1
STREET ADDRESS	812 Kingston Road	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) M/1//am S.	VIChlory DEATH HUGIET	1 1950
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. AGE last birthday II under I	year If under 24 hrs Days Hours Mla.
Male White (Specify) Married	I Augo Logo yrs.	Days Hours Mis.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Representative Thousast Pharmacoutice is		CITIZEN OF WHAT
Representative Pharmacouticals 13. FATHER'S NAME	Petersherg, Va.	IISA
	14. MOTHER'S MAIDEN NAME	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If yes, give war or dates of	17. INFORMANT AND ADDRESS	
	812	Kingston
	Mr. William S. Crichton Jr. 32	12
8. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
.455: Coronari	1 Thrombosis	C. 1.10
Immediate cause (a)	/ NYOMBOSIS	modal.
Antecedent cause(s)	6-700	
Diseases or conditions, if any, (b)	MEBY FITTUY! CUIAY	*** ** * * * * * * * * * * * * * * * *
stating the underlying cause last	11 —	7 .1
(c)	11/11/102	Months
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
related to the disease or condition causing death. 19a. DATE OF OPERATION 1 19b. MAJOR FINDINGS OF OPERATION		
196. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. EXTERNAL CAUSE WAS PLACE (Home, farm, lactory, street.	(Olay on movy)	Yes 🗌 No 🗌
PRIMARY DOR CONTRIBUTING OF office bldg., etc.) CAUSE OF DEATH.	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not while INJURY m, work at work		
22. I certify that I took charge of the remains described above, held an A	utopsy , Inspection Inquiry thereon and fa	rom the evidence
obtained by said Autopsy, Inspection or Inquiry, find that said dece from: natural causes , againent , suicide , homicide ,	ased died on the dry stated above, and death in my o	pinion resulted
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
1010. 10 - 111. 10 8	DE 101 101	871
Mails Tononelland	10/ yorhed lower	ant 4 /1/51
REMOVAL (Superfy)	RY OR CREMATORY LOCATION (City, town, or county	
Rurial 8/3/55 Druid Ridge	Pikesville, Md.	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
RE8/2/55 A.W.Hedrich	Wm. J. Tickner & Son N. & Pa	AVU.
dat.		

FLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is expecially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age

VS. A15A



61	carefully.
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	of
	item
51	every
BINDIN	Supply
FOR	INK.
MARGIN RESERVED FOR BINDING	VITH UNFADING INK. Supply every item of information
ARGIN	Y, WITH
N. C.	INLY,

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1	S. P.E.A.
	WRITE
	OR
10 - 53	TYPE
A15 —	PLEASE
NS.	b

- 400				
1. PLACE OF DEATH:		2. USUAL RESIDE	NCE (HOME) OF DEC	EASED:
COUNTY Baltimore	MARYLAND	STATE MATTE	land COUNTY	
CITY (If outside corporate limits, write RU	RAL LENGTH OF STAY	CITY(If outside o	orporate limits, write RI	JRAL and give nearest town)
Catonsville	2yrl0mosl6	dayaown Balt		3101.4
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove	e State Hospi	STREET ADDRESS	O Kathland	/
3. NAME OF (First) DECEASED: (Type or Print) Paul	p	(Last) ullison	4. DATE (Month) OF DEATH: August	(Day) (Year)
5. SEX: 6. COLOR OR 7. SINGLE, I	MARRIED, 8. DATE		. AGE last birthday IF u	
10A. USUAL OCCUPATION (Give kind of work done during most of working life.	OR INDUSTRY:	Marylan	State or foreign country)	: 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME:	C = 5 (s)	14. MOTHER'S MA		
Benjamin Cullison		Klali	ha Gibson	lans.
(Yes no, or unk.) (If Yes, give war or dates of service)	217-11-0983A	Records Sp		State Hospital
18	MEDICAL CERTIFICAT			INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY L	EADING TO DEATH			ONSET AND DEATH
HAZ,	(A) Cerebre	ovascular a	ccident	
	JE TO			
GIVING RISE TO THE ABOVE CAUSE DI	(B) Arteri	osclero ticc	ardiovascula di	r sease
STATING UNDERLYING CAUSE LAST.	(c) General	lized arter		
II OTHER SIGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELATED TO TI	ITRIBUTING HE	1200 47001	TOSCIETOSIS	
DISEASE OR CONDITION CAUSING DEA	INDINGS OF OPERATION	N		20. AUTOPSY?
				YES NO
OR CONTRIBUTING CAUSE OF DEATH OF (IF EITHER, NOTIFY MEDICAL EXAMINER)		etc. INJURY OCCUP	ID (City or town)	(County) (State)
OF INJURY	While Not while at work	21F. HOW DID II	NJURY OCCUR?	
22. I hereby certify that I attended the	deceased from 10-2	- , 1952 to 8	-18-, 19 55 that	I last saw the deceased
alive on 8-18, 19 55, and SIGNATURE S. Wachs	that death occurred at	Spring Gr	ove State Ho	spital 8-18-5
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 8/20/55	NAME OF CEMET		Bal to	
DATE REC'D BY LOCAL REGISTRAR'S		24 FUNERAL D	PRECTOR V.	ADDRESS MA

BINT BE ELEMENTED AND SELECTION OF SELECTIO THE PROPERTY OF SHARE STATE OF THE PARTY OF THE REPORT OF THE PARTY OF THE PARTY.







Reg. Dist. No. 38

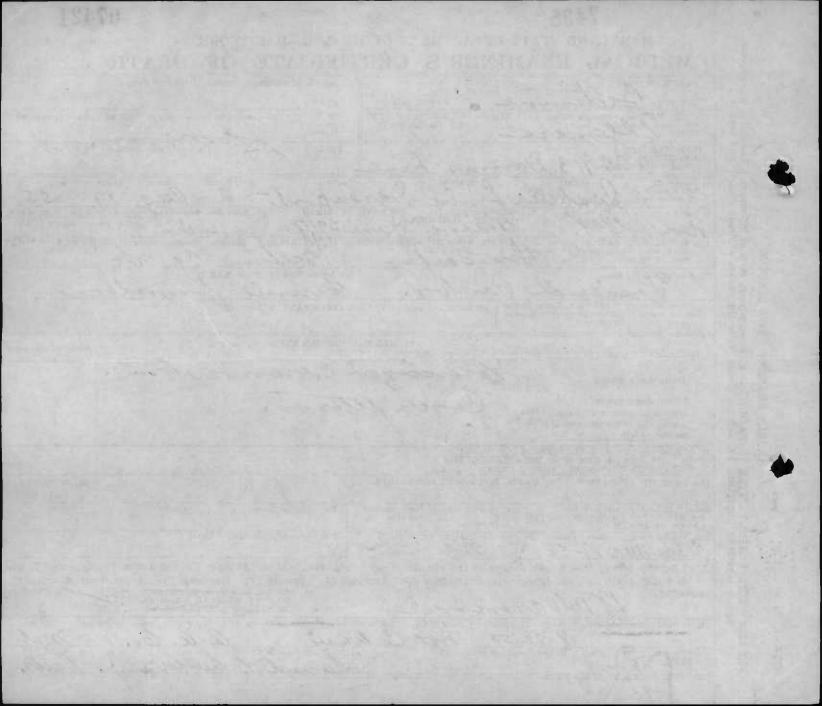
1. PLACE OF DEATH- COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY	Baltimore
CITY (If outside corporate limits, write RURAL and Corporate limits, write	CITY (If outside corporate limits, write RURAL and give OR Parkville	nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8733 Satyr Hill Road	STREET (If rural, give location) ADDRESS 8733 Satyr Hill Road	
3. NAME OF (First) (Middle) DECEASED (Type or Print) Mrs. Mary Agnes Dannenma:		
5. SEX female 6. COLOR OR RACE WIDOWED, DIVORCED, (Specify) WILDOWED	Nov. 22, 1869 85 yrs.	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work) done during most of working life, even if retired) 10b. Kind of Business or INDUSTRY		CITIZEN OF WHAT COUNTRY? USA
Mr. James J. Ohler	Mary A. Nolan	
15. Was Deceased Ever In U.S. Armed Forces? (Yes, no, or unknown) (If year, give war or dates of service)	17. INFORMANT AND ADDRESS Mrs. Lloyd Breidenbaugh, 8733 Sa	tyr Hill Rd
Antecedent cause(s) Diseases or conditions, if any, (b) giving rise to the above cause stating the underlying cause last (c)	tic Cordio rosecular desim	ONSET AND DEATE
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		L GO A LIMODOWS
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		Yes No No
21. ACCIDENT (Specify) SUICIDE (Ilome, farm, factory, street, OF office bldg., etc.) INJURY	(COUNTY)	(STATE)
HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Not While Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from deceased from alive on 19 3, and that death occurred at (Degree or title)	ADDRESS ADDRESS ADDRESS CERY OR CREMATORY LOCATION (City, town, or count Cemetery Long Green, Man	ated above. DATE SIGNED (State) Cyland
DATE RECOD BY LOCAL REGISTRAR'S SIGNATURE REG.	Leonard J. Ruck, 5305 Harford B	load #14

Dr. Grau 8523 Loch Raven Blvd.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	MARYLAND STA	ATE DEPARTMENT	OF HEALTH-	-BALTIMORE,	18
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ect	MARYLAND STATE DEPARTMENT OF	HEALTH—BALTIMORE, 18	Reg. Dist.
corr	MEDICAL EXAMINER'S CER	TIFICATE OF DEATH	No
Je	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
	COUNTY Jallinne MARYLAND	STATE COUNTY	
fully. The legibly.	CITY (If Cuside corporate limits, write RURAL OR and live heavest town) TOWN (in this place)	CITY (If outside corporate limits write RURAL and OR TOWN	give nearest town)
of information carefully.	HOSPITAL OR OF 29/3 Dannis Lane	STREET (If rural, give location)	
matio	3. NAME OF DECEASED: (Type or Print) Isabella Louise Dan	CLast) 4. DATE (Month) (Day OF DEATH Aug)	(Year) 9 1955
infor death	5. SEK: 6. COLOR OR 7. SINGLE, MARRIED, WIDGED, DIVORCED, SPECIAL OF COLOR OR CENTRAL	e 27/911 44 4yrs. Months D	ays Hours Min.
0 0	10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS O work done during most of work life, even if retired):	R 11./HATHPLACE (State or foreign country): 12.	CITIZEN OF WILAT COUNTRY?
y every item the causes o	13. FATHER'S NAME: Triderick Parlor.	Famil Snords	2
Supply ev	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	17. INFORMANT & ADDRESS:	
INK. lease	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: -	of Carconometros.	INTERVAL BETWEEN ONSET AND DEATH
UNFADING Physicians: p	Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last	ales is	
I UNH	II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
Y, WITH important.	19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes \(\subseteq \text{No} \(\subseteq \)
LY, imp	21a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING OF Street, office bldg., etc. CAUSE OF DEATH.	**	(State)
PLAINLY pecially in	21d, TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at work Not while at work	21f. HOW DID INJURY OCCUR?	
14	22. I hereby coffify that I took charge of the remains descrifind that death resulted from: Natural causes Acci		
WRITE ge is es	SIGNATURE AMOUNTMENT	OHIGH MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.	DATE SIGNED
ASE	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER REMOVAL (Consider): 8-22-55 2nt Cal	way a.a. 6s.	mol
PLE	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 4-55	Samuel N. Sullwand	-Balto.
	2226		

MARGIN RESERVED FOR BINDING



PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07422

7436 CERTIFICATE OF DEATH

Reg. Dist. No.	
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I. PLACE OF OEATH:		2. USUAL RESIDENCE (HOME) OF DECEA	SEO:
COUNTY BALTIMORE	MARYLAND	STATEMARYLAND COUNTY	
CITY (If outside corporate limits, write I			I and give nearest town
OR and give nearest town)	(in this place)	OR ,,,	
HOSPITAL OR	3 DAYS	TOWNBALTIMORE	3 V 0 1 - 4
INSTITUTION OR		STREET (If rural give locate	lon)
50 STREET ADDRESVETERANS ADMIN	ISTRATION HOSPIT.	AL AOORESOO PLYMOUTH ROAD	✓
3. NAME OF (First) DECEASED:	(Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) HARRY	A. D.	AVIS, JR. OF BEATH: AUGUS!	r 24 19 55
5. SEX: 6. COLOR OR 7. SINGLE RACE: WIDOW	ED DIVORCEO	OF BIRTH: 9. AGE last birthday IF UNDE	RI YEAR IF UNDER 24 HRS.
MALE WHITE (Specify)	MARRIED 9/11/	Months yrs.	Daya Hours Min.
10A. USUAL OCCUPATION (Give kind of, 10	B. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country): 1	2. CITIZEN OF WHAT
work done during most of working life, even if retired): POLICEMAN	OR INOUSTRY:		COUNTRY?
13. FATHER'S NAME:	TITMORE CITI	TOWSON, MARYLAND	U. S. A.
		THE STATE OF THE S	
HARRY A. DAVIS, SR.		GERTRUDE HALL	
(Yes, no, or unk.) (If Yes, give war or dates	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
YES of service) WW TT	212-01-8829	CLIN.REC., VET.ADM.HOSPITAL,	מונ מקאשורון ידים
	18. MEDICAL CERTIFICAT	TION	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY	LEADING TO DEATH		ONSET AND DEATH
416X	(A) CONGESTIVE	PATTIDE	2 STRANG
IMMEDIATE CAUSE	OUE TO		3 YEARS
ANTECEDENT CAUSE (S)	RHEUMATIC I	HEART DISEASE	30 YEARS
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE	(B)		
STATING UNDERLYING CAUSE LAST.	OUE TO		
	(C)		
II OTHER SIGNIFICANT CONDITIONS CO			
OISEASE OR CONDITION CAUSING D			
	FINDINGS OF OPERATIO	N	20. AUTOPSY?
			YES NO X
21A. ACCIOENT WAS UNDERLYING 21	B. PLACE (Home, farm, fac	torul ota luurna ota (Cir.	
OR CONTRIBUTING CAUSE OF DEATH OF	F INJURY street, office bldg.,	tory. 21c. WHERE OIO (City or town) (Co., etc. INJURY OCCUR?	ounty) (State)
21D. TIME (Month) (Day) (Year) (Hour)	While Not while	21F. HOW DID INJURY OCCUR?	
OF INJURY M.	at work at work		
22 I horaby cortify that Vattondad th	a deceased from AUG	21, 1955, to AUG. 24, 19.55 WXXXX	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	d that death occurred at	1:45AM, from the causes and on the da	
SIGNATURE of reema			DATE SIGNED
tiving FREEMAN, M.D., Acting	Chief, Medical Ser	TYICE VAH, FORT HOWARD, MARYLAN ERY OR CREMATORY LOCATION (City, town,	D 8-24-55
REMOVAL (SPECIFY)	and the second of the second		
BURIAL / 8/26/5	S BALTIMORE NA	TIONAL CEMETERY BALTIMORE, MA	RYLAND
DATE REC'D BY LOCAL REGISTRAR'S	SIGNATURE	LEONARD RUCK FUNERAL HOME	ADORESS
71 14 150 CJ · W	173-1207	5305 HARFORD RD. BALTIMORE,	MD.

OF THE RESERVE THE PROPERTY OF PARTS, STREET Section of the Property of the Park of the early steed for the contract of the contract o AND THE RESIDENCE PROPERTY OF THE PARTY OF THE PROPERTY OF THE PARTY O Conference of the Conference o

7437 MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL	L EXAMINERS Reg. Dist. N	0. 3.2
1. PLACE OF DEATH-COUNTY Balto: MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE BAPTING BALLING	¥e
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN HOSPITAL OR Pikesville	TOWN Pikesville	ve nearest town)
INSTITUTION OR STREET ADDRESS Druid Ridge Cemetery	ADDRESS 106 Old Court Rd.	/
(Type or Print) August Leo Deller	(Last) 4. DATE (Month) OF DEATH Aug	(Day) (Year)
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 9. AGE last birthday Months 7-7-1892 63 vrs.	1 year If under 24 h
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Cemetery worker Druid Ridge 13. FATHER'S NAME	HOWARD CO. Md.	2. CITIZEN OF WHA COUNTRY?
August Deller	IV.	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of NO mervice)	Salvatura M. Deller (Wi	fe)
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 420./ Immediate cause (a)	artery Disease	INTERVAL BETWEE ONSET AND DEAT
Antecedent cause(s) Diseases or conditions, if any, (b) giving rise to the shove rause stating the underlying cause last	7 200	10 TO TO 10 AND AND DOWN BANG DOWN
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street, PRIMARY OR CONTRIBUTING OF office bids, etc.)	(CITY OR TOWN) (COUNTY)	Yes No No (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while INJURY work at work	HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said decofrom: natural causes accident suicide, hamicide, SIGNATURE (Degree or title)	Autopsy , Inspection X, Inquiry X thereon and	from the evidence opinion resulted
2. D. Cashs D.D.	Reisterstown Ind	ma 7 351
rial Ang 8 1955 Druid Ric	RY OR CREMATORY LOCATION (City, town, or count	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIBECTOR	ADDRESS

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MARGIN RESERVED FOR BINDING

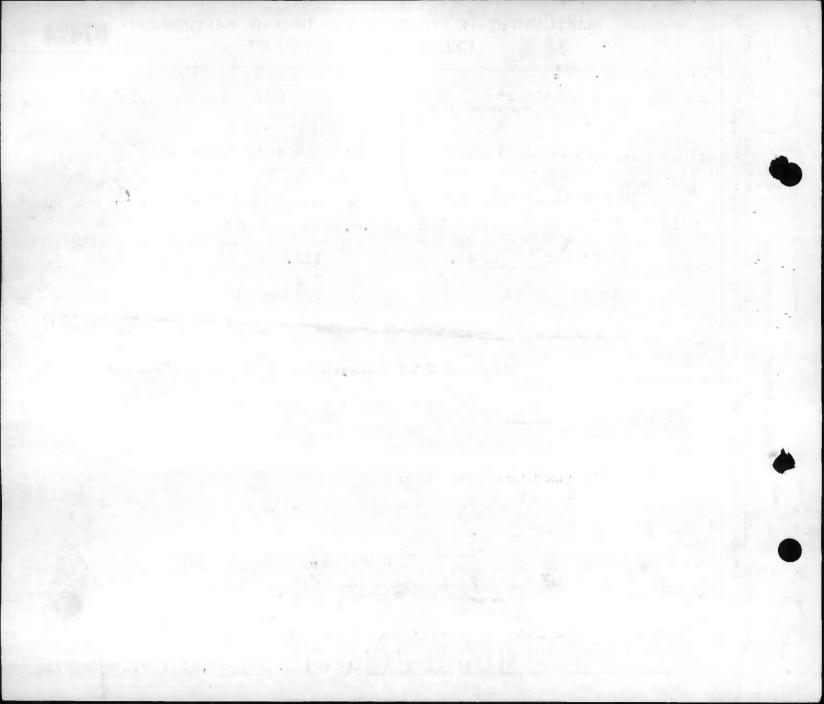
BUREAU V. S.

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8-51	WRITE
A15 8-	PLEASE
VS	PI

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
county Baltimore MARYLAND	STATE Md COUNTY Baltin	nore
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town)	CITY (If outside corporate limits, write RURAL and	
OR and give nearest town) (in this place) TOWN Arbutus	OR TOWN Arbutus	5 d
HOSPITAL OR	STREET (If rural, give location)	
institution or street address 4413 Alan Drive	Address 4413 Alan Drive	/
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
CType or Print) Sewell Jeseph Dobbs	OF DEATH: August 6	19 55
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE	OF BIRTH: 9. AGE jast birthday: IF UNDER 1	YEAR IF UNDER 24 HRS.
male white (Specify) married Mar.	.3,1898 57 yrs. Months I	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS OF		2. CITIZEN OF WHAT
work done during most of working life, even if retired Operator Bal to. Transit	Ill.	US COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Edward Dobbs	Mary Menard	
15. WAS DECEASED EVER IN U.S. ARMED FORCES 7 16. SOCIAL SECURITY No.: 17. (Yes, no, or unk,) (If Yes, give war or dates of	. INFORMANT & ADDRESS:	
yes serviceworld War 1 213-05-9320	Pauline Debbs 4413 Alan 1	Drive
18. MEDICAL (CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		INTERVAL BETWEEN ONSET AND DEATH
4201 Museculial Jul	lareten - (princey Desens	1 day
Immediate cause (2)		
Antecedent cause(s) augenal	L'Ignalrane	1/2 years
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last		
(c)		
II. OTHER SICNIFICANT CONDITIONS: Conditions contributing to the death but not		
related to the disease or condition causing death.		
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION:		20. AUTOPSY?
		Yes No No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, off office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not while INJURY M. Work ☐ at work ☐		
22. I hereby certify that I attended the deceased from. Africal	1954 to aug 6 1955 that I last s	aw the deceased
alive on aug 4 19.55 and that death occurred at.	13.15 A.m., from the causes and on the date	atatad ahava
SIGNATURE (DECREE OR TITL		DATE SICNED
John T. (aalahan My. W.	4201 Welkers are # 29	8/6/55
	RY OR CREMATORY LOCATION (City, town, or co	ounty) (State)
Buriul(Specify): 8-9-55 Baltimore		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REC.	24. FUNERAL DIRECTOR	ADDRESS
1 1 5 1 1 10 10 500 ml	Howard H. Hubbard, 4107 Wilke	ns Ave
al-	P	



PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 ()7425

Reg.	Diet	No

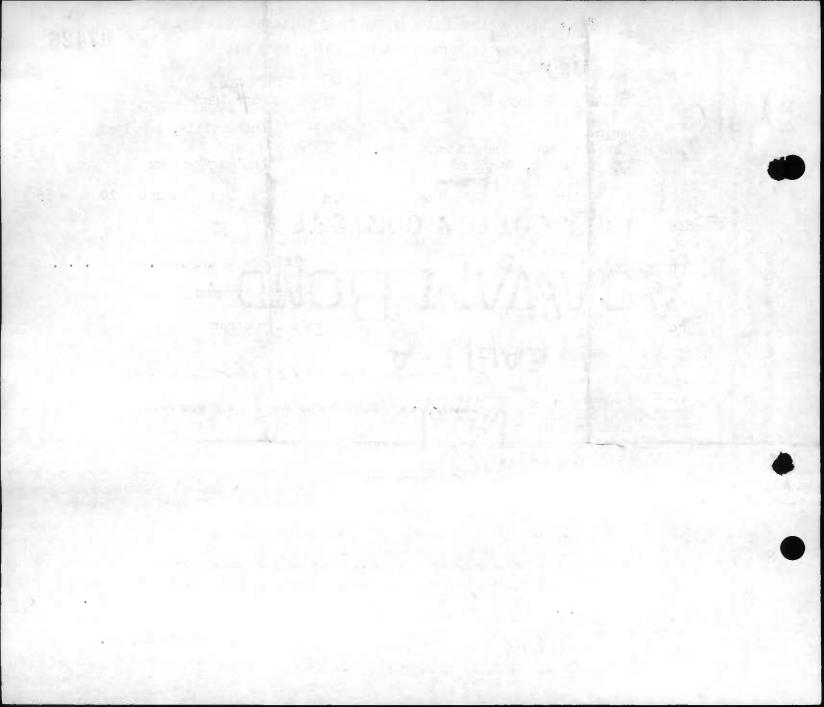
4959			Reg. Dist	. No.
I. PLACE OF DEATH:		2. USUAL RESIDE	NCE (HOME) OF DECEASE	D:
COUNTY BALTIMORE	MARYLAND	STATE MARYLAND COUNTY DORCHESTER		ESTER
CITY (If outside corporate limits, write RU OR and give nearest town)		CITY(If outside	corporate limits, write RURAL	
X TOWN FORT HOWARD	36 DAYS	TOWN HURL	OCK	9x.2,
HOSPITAL OR INSTITUTION OR		STREET ADDRESS	(If rural give location)	7 7 7 7
SOSTREET ADDREVETERANS ADMINIS	TRATION HOSPITA		E #2. BOX 59	V
3. NAME OF (First) DECEASED:	(Middle)	(Last)	4. DATE (Month) (Day) (Year)
(Type or Print) ISAAC		KES	DEATH: AUGUST 2	9 19 55
SEX: 6. COLOR OR 7. SINGLE, WIDOWED (Specify):	MARRIED, DIVORCED 8. DATE 3/21		9. AGE last birthday IF UNDER 1	YEAR IF UNDER 24 HRS. Days Hours Min.
IOA. USUAL OCCUPATION (Give kind of work done during most of working life.		II. BIRTHPLACE	State or foreign country): 12. OUNTY, MARYLAND U.	CITIZEN OF WHAT
13. FATHER'S NAME:		14. MOTHER'S MA		
WILLIAM DUKES		CLARA FRAZIE	R	
	16. SOCIAL SECURITY NO.	17. INFORMANT		
YES no, or unk.) (If Yes, give war or dates of service) W I	Unknown	CLIN.REC.VET	.ADM.HOSPITAL,FT.H	IOWARD, MD.
18	. MEDICAL CERTIFICAT			INTERVAL BETWEEN
ANTECEDENT CAUSE (5) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B)	F STOMACH		UNKNOWN
II OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING			1
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEA	1E			
19A. DATE OF OPERATION: 19B. MAJOR F	INDINGS OF OPERATION	N		1 00 111700000
1-28-55 Subtotal G	astrectomy - Ca	rcinoma of St	omach	YES NO
21A. ACCIDENT WAS UNDERLYING 21B. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	PLACE (Home, farm, fact NJURY street, office bldg.,	etc. 21c. WHERE D	(County) (County)	ty) (State)
OF INJURY	21E INJURY OCCURRED While Not while at work	21F. HOW DID I	NJURY OCCUR?	
22. I hereby certify that A attended the		ALL		
SIGNATURE 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	that death occurred at	1:45 M, from th		stated above. re signed
FRANCIS G. DICKEY, M.D. Chief. 23. BURIAL, CREMATION. DATE THEHEOF REMOVAL (SPECIFY) BURTAL	Washington			
DATE REC'D BY LOCAL REGISTRAR'S			Hurlock, Marylan	

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MARYLAND	STATE DEPARTMEN	T OF HEAL'	TH—BALTIMORE, 18	1) 17 4 0 0
200	CERTIFICATI	E OF DE	ATH Reg. Dis	U7426 st. No.
I. PLACE OF DEATH: 439		Lo TIGUAL DECI	DENCE (HOME) OF DECEASED:	
		2. USUAL RESIL		But
COUNTY Baltimore Count		STATE	Maryland COI side corporate limits, write RURAL	and give nearest town
CITY (If outside corporate limits, wrise or and give nearest town) TOWN TOWSON	(in this place)	OR	Lutherville, Maryla	
	Enoch Pratt Hosp.	STREET ADDRESS	(If rural give location Seminary Avenue	on)
3. NAME OF (First)	(Middle)	(Last)		ay) (Year)
DECEASED: (Type or Print) Emily		ıncan	OF .	LO 19 55
5. SEX: 6. COLOR OR 7. SIN RACE: WIL	GLE, MARRIED, 8. DATE	of Birth:	9. AGE last birthday: IF UNDER :	Days Hours Min.
10a. USUAL OCCUPATION Give kind of	10b. KIND OF BUSINESS OF	R II. BIRTHPLAC	E (State or foreign country): 12	CITIZEN OF WHA
work done during most of working life,				COUNTRY?
unemployed 13. FATHER'S NAME:	1	14. MOTHER'S MA	ore County, Md.	UaDaHa
		Clara	Eaverson	
Frank I. Duncan 15 Was Deceased Ever In U.S. Armed Force	S? 16. SOCIAL SECURITY No.: 17.	INFORMANT & A		
(Yes, no, or unk.) (If Yes, give war or dates service)		Hospital		
Antecedent causes (s) Diseases or conditions, if any,	JE TO		PREALMONIA REALTION	6. mos.
II. OTHER SIGNIFICANT CONDITIONS				
Conditions contributing to the death burrelated to the disease or condition cause	ing death.			
19a. DATE OF OPERATION: 19b. MAJ	OR FINDINGS OF OPERATION			20. AUTOPSY
SUICIDE	ACE (Home, farm, factory, street office bldg., etc.)	(CITY OR TO	WN) (COUNTY)	Yes No (STATE)
TIME (Month) (Day) (Year) (Hour, OF INJURY m		HOW DID INJU	RY OCCUR?	
22. I hereby certify that I attended alive on 10 augus, 1955, ap	/		om the causes and on the dat	
STAKU W. WWW.	Degree or title) REOF NAME OF CEMETE	A	DDRESS	LUC 11, 1965
REMOVAL (Specify) 8/13	55 Jessops R'S SIGNATURE	24. FUNERAL DI	Cockeysville. M	/
REGISTRAR)	N-Hidrel	16. W. n	Zeales my Done 805 /	Calvert St
	R. L			



MARYLAND STATE DEPARTMENT OF HEALTH

7440

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No...

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED.	
139140 MARYLAND	STATE Md Balt COUNTY	
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give r	nearest town)
Y TOWN give nearest town) //2 - to N. Po (in this place)	TOWN Fuller toN.PG.	V
HOSPITAL OR	STREET (If rural, give location)	
00 INSTITUTION OR STREET ADDRESS 9/20 Balair Rd	II ADDRESS	/
3. NAME OF (First) (Middle)	9120. Belair Ro	
DECEASED	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) William.	LUNTY DEATH AUG /	7 1935
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED.	8. DATE OF BIRTH 9. AGE last birthday of under 1 y	ear If under 24 hrs.
Mary, ed	April. 22-1893 62 yrs. Months D	ays Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business on		CITIZEN OF WHAT
Rationed Charffaza Black + Dacker	Balto co md Co	UNTEX?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	1 3 -
My & Dunt.	Elizabeth -	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, no, or unknown) { (If yes, give war or dates of	40 4/1 / 6 : 4/ - 4/ 5 /	· · · /
N/O mervice)	WITS Albert Juit 1.9/16 Belo	LIY Rd.
18. MEDICAL CE	A	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		NTERVAL BETWEEN
And to of	2000000 1 11 1 1 1	109 1
//// 2 Immediate cause (a) (a)	erricalize, it mid. cereb. aver,	Quays,
770X		0
Antecedent cause(s) Diseases or conditions, if any, (b) / hyperfusive	ardio Ves culm desesse	Zuna.
giving rise to the above cause		
stating the underlying cause last		11
(c) Wyerre section	ero II	mulet.
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death hut not	. 01/1	1.1
related to the disease or condition causing death.	eumonia My -	6 days.
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	12	O. AUTOPSY?
		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	(STATE)
SUICIDE OF office bidg., etc.) HOMICIDE INJURY		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not While	11011 222 11110112 0000111	
INJURY m. Work At work		
22. I hereby certify that I attended the deceased from & duy	, 1955, to 17 kg, 1955, that I last saw	11 . 1
2 //	. 7 0	
alive on	m. from the causes and on the date state	d shove
SIGNATURE (Regree or title)		DATE SIGNED
1. P. Ha Mil 25,3 1	ha Parado Del one	06.00
Jun 11/4 111-0 12710	accompanied 1 32 mile 1 4 ()	1 44 30
23. BURIAL, CHE MATION DATH THEREOF NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or county)	(State)
134x12 18/20/55 MOYELGNO	1 Man. POTKI Balt	a ml
DATE REC'D BY LOCAL 1 REGISTRAR'S SIGNATURE		ADDRESS
REG.C / C - TI 1 - 1/1 K/ Q 1 1/2 A/A		
x-18-001/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1	Lacarle France Ham. 7461 B	3-0: 001

The correct age PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

D- 1-1/1e

BUREAU V. S.

AUG SS 1955

DECENTED

MARYLAND STATE DEPARTMENT OF HEALTH

7441

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED-	thompony
Jallinist MARYLAND	Mayland	Jerobelin 400
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town)	CITY (If outside corporate limits, write RURAL and giv	re nearest town)
A TOWN	TOWN (wal Woodpelly mg	15 X - 2
HOSPITAL OR	STREET (Il rural, give location)	
INSTITUTION OR STREET ADDRESS Myleside Nursurf Home	ADDRESS	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) HETTY CLICINDIA	DNIYE17 DEATHCING	2 1955
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE last birthday If under	
FENALA WHITE WIDOWED, DIVORCED, (Specify) Williams	Oct 22,1869 85 yrs. Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working Me, avan if retired) INDUSTRY		CONTENTS OF WHAT
Come during most of working site, avail it rectifed) INDUSTRY	Howard Co mad hi	COUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Robert Brown	Cilcindia Brown	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	1 172 INFORMANT	/
(Yes, no, of unknown) (If yes, give war or dates of	9 1 - F 1 1 11	11 11111
service) 2	Joldin Leismia Wooding	0 414
18. MEDICAL CE	RETIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
422.1 Change 911.00	1º 1/ Dans to	10.00
Immediate cause (a)	sides of Agentia (1)	10 485
	- PM - A:	
Antecedent cause(s) Diseases or conditions, if any, (b) Astrono solutions	dir Cardio Parquelas Dis.	154RS
giving risa to the above cause		
stating the underlying cause last		
(c)		1
II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to tha death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
no operation		Yes \ No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	: (CITY OR TOWN) (COUNTY)	
SUICIDE Office hldg., etc.)	(00011)	(STATE)
HOMICIDE INJURY	WOW DAY TANDA COOME	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?	
INJURY m. Work At work		
144- /	53 1.02 53	
22. I hereby certify that I attended the deceased from May	19 to less so that I last so	aw the deceased
1.1.29 55	25	
alive on July 29, 1958, and that death occurred at 8		
SIGNATURE (Degree or title)	ADDIEDO	DATE SIGNED
hat all the sage the M. D.	6419 Wriedson Will Rd	8-2-3-
soones III commence mil	DY OR OPENATORY I LOCATION (C)	
REMOVAL (Specify)	RY OR CREMATORY LOCATION (City, town, or count	ty) (State)
Burney Ging 4 195 Providen		1794
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24 FUNERAL DIRECTOR	ADDRESS
REGRES - 155 TE Harri	May W Barley & solo	un ille
- Virginia de la companya della comp	Way to war to the first	
/ -	1	Ed N

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. VS. A15

MARGIN RESERVED FOR BINDING

The correct age

AT ART TO

BUREAU V. &

BECEINE

38

55

(Year)

19

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY?

NO

(State)

YES [

DATE SIGNED

ADDRESS

(County)

DIRECTOR

Hours

COUNTRY 2

IF UNDER 24 HRS.

Min.

(Day

Days

0

DATE REC'D BY LOCAL

REGISTRAR

BOKEVO A . Z.

DEVELVED

MARYLAND STATE DEPARTMENT OF HEALTH

7443

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	
Salto MARYLAND	STATE BOLL COUNTY	
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give	nearest town)
OR give nearest town) (in this place)	OR TOWN	V
HOSPITAL OR	STREET (If rural, give location)	7
STREET ADDRESS 6910 BRECH AVE	ADDRESS 6910. Beach Al	
NAME OF (First) (Middle)		12
DECEASED	T : OF	(Day) (Year)
(Type or Print) VOYOT/1	EICH DEATH A49	7 19 3
SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. AGE last birthday of under I Months	year If under 24 hr Days Hours Min.
LMa/el YYDIFEI (Specify) VVI dow!	July 8-1890 65 yrs. MOREDA	Days Hours Min.
Ds. USUAL OCCUPATION (Give kind of work 10b. Kind of Business or lone during most of working life, even if retired) INDUSTRY		CITIZEN OF WHAT
done during mast of working life, even if retired) INDUSTRY HOME	Balto City and 18	OUNTRY?
B. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	1 5
Michal Beathold	ANDE SOLVER	
5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(es, no, or unknown) (If yes, give war or dates of)	44 11 1 1-1	
No Iservice) None	Mos Harry Lytle	
18. MEDICAL CER	RETIFICATION	INTERVAL BETWEEN
DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	/ /	ONSET AND DEATH
443x [00,100 the	unreus	1/260
Immediate cause (a)		
Immediate cause Antecedent cause(s) Disease or conditions if any (b) Ity per tensive	Cardis vascular Disease	- A.
Diseases or conditions, if any, (b)	as all or well Breeze	10%
giving rise to the above cause	**************************************	0
stating the underlying cause last		
(c)		
1. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No
I. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	(STATE)
SUICIDE OF office bldg., etc.) HOMICIDE INJURY		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not While		
22. I hereby certify that I attended the deceased from	1040 to 5-7 1055 that I last so	w the decemb
alive on 8: 1, 1953, and that death occurred at	m. from the causes and on the date sta	ted shave
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Below Golinson M.D. 6	23 5 Deline P. O. B.	46 0 .65
with the second	- si secon remi . W	J. 9, 193
3. BURIAL CREMATION DATE THEREOF NAME OF CEMETER	Y OR CREMATORY LOCATION (City, town, or county	(State)
BUNIAL (Specify) 18/11/5-5 Holy Red.	ermer Ballo	111
DATE REC'D BY LOCAL ENGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
REG. C C IO A V		
() A X 1952 - MAR XII TO MARKET	Page 1 F. Oll 700	ADDRESS P
aug. 8- 1953- Mrs. M. D. Melfanider	Lassalus Furnal Home 7401	Belain R

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age

BUREAU V. S.
BUREAU V. S.

VS. A15 — 10 - 53 PI FASE TYPE OF WRITE PLATEY WITH IN

a	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	07431
y. Th	7444 CERTIFICATE OF DEATH Reg. Dis	. No. 30
ully.	1. PLACE OF DEATH: , 2. USUAL RESIDENCE (HOME) OF DECEASE	D: •
carefully legibly.	COUNTY BALTIMORE MARYLAND STATE Md. COUNTY BAL	TIMORE
d le	CITY (If outside corporate limits, write RURAL LENGTH OF STAY (in this place), OR	and give nearest town)
tion	JIOWN CATONSVILLE 28 yrd. TOWN CATONSVIL	E 52
ma	HOSPITAL OR INSTITUTION OR ADDRESS	1
nforma	STREET ADDRESS 607 S. HILTON HVE. 607 S. HILT	ON HYE.
m of information death clearly and	3. NAME OF (First) (Middle) (Last) 4. DATE (Month) OF DECEASED: (Type or Print) PERCY (EC) EMBURY DEATH: AUG.	Day) (Year) H 1955
de	5. SEX; 6. COLOR OR 7. SINGLE. MARRIED. 8. DATE OF BIRTH: 9. AGE last birthday IF UNDER 1	YEAR IF UNDER 24 HRS.
	MALE White (Specify) dowed MAV 31, 1878. 77 yrs. Months	Days Hours Min.
causes	10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
	even if retired): Florist RETAIL SALES CANADA	U.S.A.
Supply te the c	13. FATHER'S NAME:)+
Su	WILLIAM H. EMBURY SUSANT	ELERSON
K. Su write	15. WAS DECEASED EVER IN U.S. ARMED FORCES! 15. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS: 607 S.	HILTON AVE
NG INK	No of service) 1212-10-3043 MEIVIN W. EMPURY, CA	TONSYILLE, MA
UNFADING sicians: plea	18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN
IQ.	204,0 Chr from shoter here 2 mis	9 mon
TH UNFAI	IMMEDIATE CAUSE (A) DUE TO	-
UN Sici	ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, (B)	
rH Phy	GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	
had	(c)	
MINEY, Wimportant.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
NE	DISEASE OR CONDITION CAUSING DEATH	
/~	194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	21a. ACCIDENT WAS UNDERLYING 21a. PLACE (Home, farm, factory, 21c. WHERE DID (City or town) (Country Country	
RITE	(IF EITHER, NOTIFY MEDICAL EXAMINER)	
S	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While at work at work	
OR e is	22. I hereby certify that I attended the deceased from/2-4, 1954, to 5.4, 1954 that I las	saw the deceased
age	alive on 8-4, 1955, and that death occurred at 11 P. M. from the causes and on the date	
TYPE rect ag		re signed
SE TY	Haure Brown M.D. La Jone Crele	A-6
¥	23. EURIAL CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, o	1 11
PLE	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR	ADORESS
j.L.	REGISTRAR (ALONA) SOND (ALONA)	wille 28 md
	o i i i i i i i i i i i i i i i i i i i	00000,1100

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2. V UABRICA

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18	07/139
7445 CERTIFICATE OF DEATH Por Dist	No. 37
Reg. Dist.	No. J. J
I. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED:	0
	TY Balto.
OR and give nearest town) (in this place) OR	nd give nearest town)
X TOWN Coc Regsville 8 years TOWN BY 1999 18 18	DIVCX
HOSPITAL OR INSTITUTION OR Balto. County Home STREET ADDRESS (If rural give location ADDRESS)	/
3. NAME OF DECEASED: (Type or Print) John (Middle) Eresson (Last) 4. DATE (Month) (Day OF DEATH: August	9 (Year) 19 5 5
5. SEX: S. COLOR OR 7. SINGLE, MARRIED. 8. DATE OF BIRTH: 9. AGE last birthday: IF UNDER 1 Y	
10a. USUAL OCCUPATION Give kind of 10b. KIND OF BUSINESS OR 111 BIRTHPLACE (State or foreign country): 12.	COUNTRY?
13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME:	
Charles Evesson many playle	
15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: 17. INFORMANT ADDRESS	· On
none Mrs Ellen Suhre - 308 D. St	Sparropoint
18. MEDICAL CERTIFICATION	Interval Betwee
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 420.0 [8] (enclosed to the land to t	Onset And Deat
Immediate cause (a) Lengthal embolism DUE TO	
Antecedent causes (s) Disease or conditions, if any, it is to the other if any, (b) Annicular fibrillation	
stating the underlying cause iast. DUE TO (c) Artenius cleratic heart disease	years.
II. OTHER SIGNIFICANT CONDITIONS	1
Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY ?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, (CITY OR TOWN) (COUNTY) (S	Yes No No TATE)
SUICIDE OF office bldg., etc.) HOMICIDE	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURED HOW DID INJURY OCCUR?	
INJURY m. Work At Work	
22. I hereby certify that I attended the deceased from Dr.c., 1952, to Que que, 1950, that I last	saw the deceased
alive on 19. 9., 1950, and that death occurred at 7:55 A. Mfrom the causes and on the date	stated above.
Control of the Contro	TE SIGNED
23. BURIAL, CHE LATION, DATE THEREOF NAME OF CEMETERY OF CREMATORY LOCATION (City/town, orgo	inty) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE / 124. AUNERAL PIRECTOR	ADDRESS
REGISTRARY 9/5-5- Wm/ J. Centeral Braded Tecuesal served	Appelled.
The At Boards	mid
J. Scoll Brooks	1.001

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ELTING.

MARYLAND STATE DEPARTMENT OF HEALTH

7445

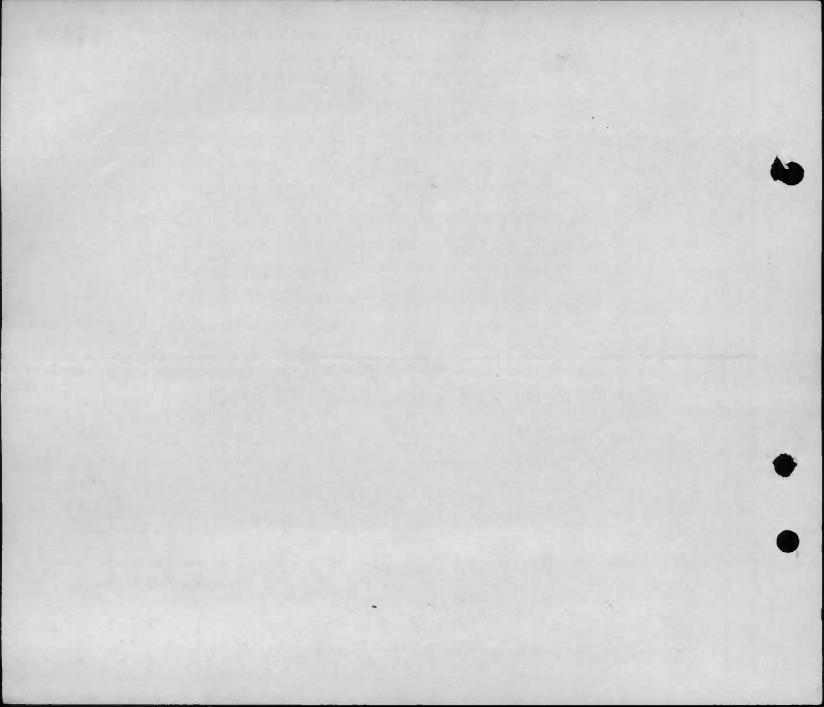
2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

07433

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED-	
COUNTY Balling MARYLAND	STATE Md COUNTY	Ballimore
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give	e nearest town)
X TOWN Note & Ciff near Towson (in this place)	TOWN Note & elift near Town	1 ×
HOSPITAL OR	STREET (If rural, give location)	7
74 STREET ADDRESS Villa Maria Gayarus P.O. Md	ADDRESS Glenarm Rd.	/
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) Sister Mary Dianata F	ESSLER. DEATH AUG	23 1955
5. SEY) 6 COLOR OR PACE 77 SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE last birthday Munder	
WIDOWED, DIVORCED,	Months	Days Hours Min.
terrale While (Specify) Lingle	Jay. 4. 1882 73 yrs.	Co
done during most of working life, even if retired) INDUSTRY		CITIZEN OF WHAT
180 cher 1766/01/5	Jeruany	u. S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
<i>FESSLER</i>	marling Hallele	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, no, or unknown) (If yes, give war or dates of service)	So mary clava Notely eligh	Md
18. MEDICAL CE		1
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
10 A.	^ '	
/72× Immediate cause (a)	Coronary occlusion	Sudden
Antocodont couso(s)		
Diseases or conditions, if any, (b)	eumorua general	2 415
giving rise to the above cause stating the underlying cause last	V	
(c) Carein our a	Gody of uterus	1 + 1100
11. OTHER SIGNIFICANT CONDITIONS	young of weeks	1 920
Conditions contributing to the death but not		
related to the disease or condition causing death. 19s. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		1 aa ATWOODAYA
198. DATE OF OPERATION 180. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.)	(CITY OR TOWN) (COUNTY)	(STATE)
SUICIDE OF office bldg., etc.) INJURY		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not While INJURY m. Work At work		
INJURY III I TO WOLK		
22. I hereby certify that I attended the deceased from May 6	1954 to Aug 23 1955 that I leat a	w the deceased
22. I hereby corary mat I avenued the deceased from	, 10.7, 00.22.7	AM ONO GEOGRAPHO
alive on Aug 16 1955, and that death occurred at 1	0.20 P m. from the causes and on the date st	ated above.
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Ille la FRIE OPPALLO		
Madels I vounder		
	RY OR CREMATORY LOCATION (City, town, or count	y) (State)
BYOVE 87412 18-26-55. VILLA MAI	RIA CEM. NOTCH CLIFF NI	Towsonki
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24 FUNERAL DIRECTOR, 9015.CO	
(REG5 19-2 // 11 /4 8 12-61.		
The state of the s	MANAGERY BALTO	1 LID V



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH 7447

Reg. Dist. No. 30

catonsville, Md.

	2			
	carefully legibly.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	5:
	carefull legibly.	county Baltimore MARYLAND	STATE Maryland COUNTY Balt	imore
	cal	CITY (If outside corporate limits, write RURAL, LENGTH OF STAY	CITY(If outside corporate limits, write RURAL a	
		OR and give nearest town) (in this place)	OR TOWN Catonerille	50
		52 TOWN Catonsville 79 yrs.	Od COIDS VILLE	32
	rly	HOSPITAL OR INSTITUTION OR	STREET (If rural give location) ADDRESS	/
MA	m of information death clearly and	% STREET ADDRESS Shadynook Home	1205 Frederick Road	
T.	in	of Ittime of	(Last) 4. DATE (Month) (1	Day) (Year)
	of	DECEASED: (Type or Print) MARTE LOUISE FRE	CUND DEATH: Aug.	31, 1955
			OF BIRTH: 9. AGE last birthday IF UNDER 1 Y Months D	YEAR IF UNDER 24 HRS
		Female White (Specify): Single Mar. 9		Ays Hours Min.
	every	IOA. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country): 12.	
5	aus	work done during most of working life, even if retired):	Maryland	U.S.A.
Z	2 0	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	0. 0
RGIN RESERVED FOR BINDING	Supply te the c		Magdalena Zihner	
BI	Su	Jacob Freund		onsville, Md
~	K. St write	15. WAS DECEASED EVER IN U.S. ARMED FORCES: 16. SOCIAL SECURITY NO. (Yes, no, or unk.) (If Yes, give war or dates		
0	INK.	No of service) None	Miss Marie Heidelbach 1005 Fred	lerick nd.
		18. MEDICAL CERTIFICAT	NON	INTERVAL BETWEE
5	ADING s: plea	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	1 1	ONSET AND DEAT
RV	9	331X Ene till	estertina a Characa	1246
(A)	FA	IMMEDIATE CAUSE (A) DUE TO	The sound of the state of the s	- / 3 / 3 /
ğ	UNFA	ANTECEDENT CAUSE (S)	1.1.	1/11/
<u> </u>	ysi	DISEASES OR CONDITIONS, 1F ANY, GIVING RISE TO THE ABOVE CAUSE DIFE TO	Vermange	7412
Ä	TTH Phy	STATING UNDERLYING CAUSE LAST.		V
RG	\vdash	(C)		
1	~ 8	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
	13 8	DISEASE OR CONDITION CAUSING DEATH.		
1 34	PLAINLY,	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO	N	20. AUTOPSY?
	-			YES NO
	VRITE PI especially	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fac	etory, 21c. WHERE DID (City or town) (Count	ty) (State)
	Eis Ei	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,	, etc. INJURY OCCUR?	
	ZIJ spe	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	D 21F. HOW DID INJURY OCCUR?	
	WRITE	OF INJURY While Not while		
	100			
	E OR	22. I hereby certify that I attended the deceased from	, 19 36 to 0.31, 1955, that I last	t saw the decease
50	TYPE rect ag	alive on 8-30 1955, and that death occurred at	3.4517 M, from the causes and on the date	stated above.
1	ct K	SIGNATURE A	ADDRESS DA'	TE SIGNED
10		Cohert 15. 1 ayeur	1. D. Clicold City 100	1-1-05
	02		ERY OR CREMATORY LOCATION (City, town, or	r county) (Stat
115	₩ W	REMOVAL (SPECIFY) Burial 9/2/55 Loudo:	n Park Baltimore, Md	
4	LE	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24 FUNERAL DIRECTOR	ADDRESS
70	p-ling	DECICEDADO 1 - 1	1	



BUREAU V. S.

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

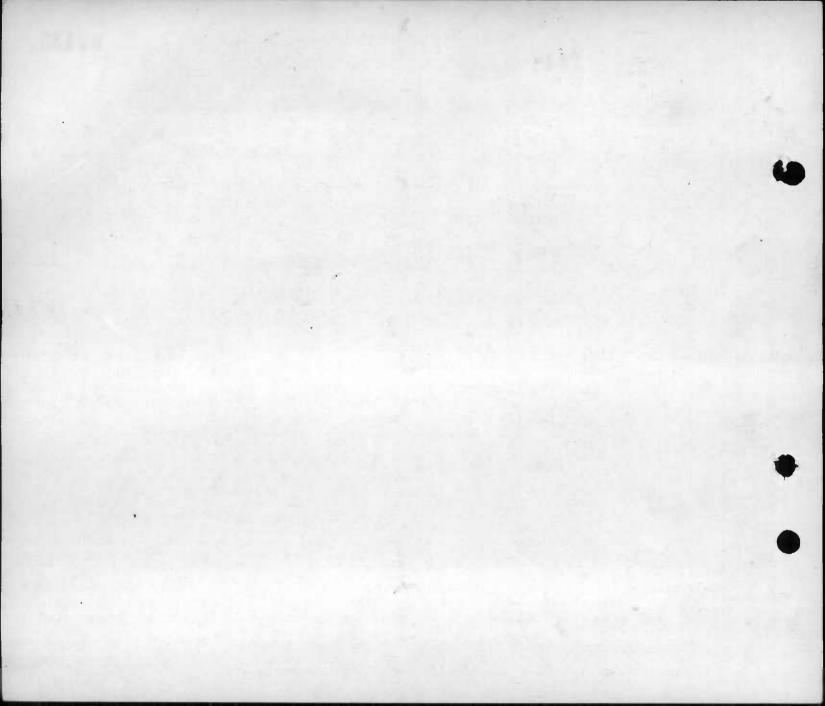
MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

07435

7448 CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

FOR MEDICAL	EAAWIIII Reg. 1	Jist. No
1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASE	0.
COUNTY BALTIMORE MARYLAND	STATE Many land	COUNTY
CITY (If outside corporate limits, write RURAL, and LENGTH OF STAY	CITY (If outside corporate limits, write RURA)	and give nearest town)
OR give aggregat town) TOWN Spragues Pt - (in this place)	TOWN Baltimore	31014
HOSPITAL OR	STREET (II rural, give loc	eation)
INSTITUTION OR BLH. STEEL DISB-	21/8 E. Biddle	St. V
3. NAME OF DECEASED (Middle)	PART FIRST 4. DATE (Mor	nth) (Day) (Year)
(Type or Print) - u - wood W.	JAMES. DEATH	8 - 13 195.
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,		If under I year If under 24 hrs. Months Days Hours Min.
(Specify) 3/NG/E	10-8-1919 35 yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or loreign country)	12. CITIZEN OF WHAT
done sturing most of working life, even if retired) STEEL PLANT 13. FATHER'S NAME	114 MOTHER'S MAIDEN NAME	4.3.77
	r-11/2	
15. WAS DECRANED EVEN IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, no, or unknown) (If yes, give war or dates of 248-26-3940)	ENMAMCKNIGHT 2118E	Riddlest
18. MEDICAL CE	RTIFICATION	1
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
420.1 (Marin 0 6		
Immediate cause (a)	Musin	
Antecedent cause(s)	010	2/1/1
Diseases or conditions, if any, (h) MY Q CATAITIS	- C/ROVIC	11427
giving rise to the above cause stating the underlying cause last	- 7	
(c) CORONARY H.	earl disease	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
related to the disease or condition causing death.		1 20. AUTOPSY?
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		
21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street,	(CITY OR TOWN) (C	OUNTY) (STATE)
PRIMARY OR CONTRIBUTING OF office bldg., etc.)	(OIII ON IOWN)	OUNTI, (01.112)
CAUSE OF DEATH. INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DED INJURY OCCUR!	
OF While at Nnt while INJURY m. work at work	1001-	
22. I certify that I toak charge of the remains described above, held an A abtained by said Autopsy, Inspection or Inquiry, find that said dece	utapsy , Inspection Inquiry there	on and fram the evidence
fram: natural causes accident , suicide , hamicide ,	undetermined .	
SIGNATURE (Degree or title)	ADDRESS	PATE SIGNED
11/20 ms. Au med C	au - VKhu dack - xx m	1. 0/15/5-
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town	, or county) (State)
REMOVAL (Succify)	emetery Balto.	Md.
DATE REC'D BY LOCAL PREGISTRAR'S SIGNATURE	24 FUNERAL DIRECTOR	ADDRESS
REG. 8 /18/23 aw gleduch life	Kandolok & offick 14	IZE. Prestonst
	the state of the s	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 correct CERTIFICATE OF Reg. Dist. No. I. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: The legibly. COUNTY 1daltin STATE MARYLAND CITY (If outside corporate limits, write RURAL LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) carefully. OR and give nearest town) OR (in this place) TOWN and STREET HOSPITAL OR (If rural give location) INSTITUTION OR ADDRESS STREET ADDRESS atomsville clearly information 3. NAME OF 4. DATE (Last) (First) (Middle) (Month) (DRy) (Year) DECEASED: OF (Type or Print) DEATH: death 5. SEX: S. COLOR OR 9. AGE last birthday . If UNDER 1 YEAR IF UNDER 24 HRS. SINGLE. MARRIED. 8. DATE OF BIRTH: RACE: WIDOWED, DIVORCED, Months | Days Hours (Specify): January 30, 1882 -emale White of 10a. USUAL OCCUPATION. Give kind of II. BIRTHPLACE (State or foreign country): 12. CITIZEN OF 10b. KIND OF BUSINESS OR INDUSTRY: COUNTRY? work done during most of working life, item TARGIN RESERVED FOR BINDING even if retired) 14. MOTHER'S MADEN NAME: causes I3. FATHER'S NAME: y every VH,nska Gab/81-15 WAS DECEASED EVER IN U.S. ARMED FORCES? I7. INFORMANT & ADDRESS: 16. SOCIAL SECURITY No.: | Route 2 - Box 249 Burnis Supply (Yes, no, or unk.) | (If Yes, give war or dates of NO service) write Ca Do1-2 MEDICAL CERTIFICATION Interval Between 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Onset And Death INK. Immediate cause (a) DUE TO UNFADING Antecedent causes (s) sicians: Diseases or conditions, if any, (b) giving rise to the above cause stating the underlying cause last. DUE TO Phys 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. WITH important. 20. AUTOPSY.? 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION Yes 🗆 No PLACE (Home, farm, factory, street, office bldg., etc.) 2I. ACCIDENT (STATE) (CITY OR TOWN) (COUNTY) (Specify) OF office bldg., etc.) SUICIDE PLAINLY HOMICIDE TIME (Month) (Day) (Year) (Hour) especially INJURY OCCURED-HOW DID INJURY OCCUR? Not While While at INJURY Work At Work , 19 , that I last saw the deceased 22. I hereby certify that I attended the deceased from .19 WRITE from the causes and on the date stated above alive on , and that death occurred at .03 DATE SIGNED (Degree or title) ADDRES BURIAL, CREMATION. DATE THEREOF State) NAME OF LOCATION (City, town, or county PLEASE REMOVAL (Specify) SAFIA DATE REC'D BY LOCAL REGISTBAR'S SIGNATURE FUNERAL DIRECTOR REGISTRAR



PLEA

(Year) (Month) (Day) 9. AGE jast birthday IF UNDER YEAR IF UNDER 24 HRS. Months Days Hours 112. CITIZEN OF WHAT 11. BIRTHPLACE (State or foreign country): COUNTRY Interval Between Onset And Death arterioscherosis 20. AUTOPSY ? Yes No No (COUNTY) (STATE) 7. 1955 that I last saw the deceased from the causes and on the date stated above. DATE SIGNED LOCATION (City, town, or county) (State) BEGISTRAR

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. No. 38

COUNTY

BUREAU V. E.

2361 68 **20A**

BECEINED

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE DEATH

I. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: carefully. The and legibly. STATE Maryland Baltimore Baltimore COUNTY COUNTY MARYLAND CITY (If outside corporate limits, write RURAL LENGTH OF STAY (in this place) CITY (If outside corporate limits write RURAL and give nearest town) OR and give nearest town)
TOWN TOWN years Reisterstown Reisterstown HOSPITAL OR STREET (If rural, give location) INSTITUTION OR ADDRESS Route 2 - Berrymans Lane! STREET ADDRESS Route 2 - Berrymans Lane of death clearly 3. NAME OF (Last) 4. DATE (Month) (Year) DECEASED: (Type or Print) Mina Gibson DEATH August 7. SINGLE, MARRIED, WIDOWED, DIVORCED, 9. AGE last birthday: | IF UNDER I YEAR | IF UNDER 24 HRS. 6. COLOR OR 8. DATE OF BIRTH: White Monthal Female (Specify):Married Oct. 9, 1896 10a. USUAL OCCUPATION (Give kind of | 10b. KIND OF BUSINESS OR 11. BiRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT INDUSTRY: work done during most of work life, even if retired): Housewife U.S.A every iten Petersburg. Pa. Housewife 14. MOTHER'S MAIDEN NAME: I3. FATHER'S NAME: Withstin Itemer Edmiston 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT & ADDRESS: 16. SOCIAL SECURITY No.: (Yes, no, or unk.) (If Yes, give war or dates of Herman C. Gibson - Reisterstown, Md. service) None Supply 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: ONSET AND DEATH INK. min. Coronary occlusion Immediate cause DUE TO ADING icians: Antecedent cause(s) Angina pectoris yrs. (b) Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last UNF. Physi II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE None DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION: 20. AUTOPSY? None None Yes No No 21a. EXTERNAL CAUSE WAS 21b. PLACE (Home, farm, factory, 21c. (City or town) (County) (State) PRIMARY A or CONTRIBUTING CAUSE OF DEATH. OF street office bldg., etc., INJURY NONE 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? While at Not while None INJURY work [22. I hereby certify that I took charge of the remains described above, held an Autopsy [], Inspection M, Inquiry K, and find that death resulted from: Natural causes X , Accident [, Suicide [, Homicide [, Undetermined cause [. CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM. SIGNATURE NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) 23. BURIAL, CREMATION, DATE THEREOF L (Specify) : Aug. 281955 Mooresville Cemetery Huntingdon J.F. Eline&Son's Reisterstown, Md. REGISTRAR'S SIGNATURE DATE REC'D BY LOCAL

E PLAINLY, WITH especially important. WRITE ge is esp SE A15A

ARGIN

item

SECEIVED ANG 29 1955

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH-				110
COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (COU	NTY Balto.
	L and LENGTH OF STAY	CITY (If outside corpor	rate limits, write RURAL and	
CITY (If outside corporate limits, write RURA OR givo nearest town) Parkville	(in this place)	OR TOWN Parkvi		Y
HOSPITAL OR	1 - 1	STREET ADDRESS O	(If rural, give location)
STREET ADDRESS 9102 Harfor	d Road	ADDITESS 9.	102 Harford Rd.	
3. NAME OF (First) DECEASED	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print) ANNIE E. GILL			DEATH Augus	
female white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED	s. DATE OF BIRTH March 31,1866	09 yrs. 1	der 1 year If under 24 brs. hs Days Hours Min.
10a. USUAL OCCUPATION (Glve kind of work done during most of working life, evon if retired) housewile	10b. KIND OF BUSINESS OR INDUSTRY At Home	Balto. Co. Mo		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN		
Louis Stedtler		Unknown		
15. WAS DECRASED EVER IN U.S. ARMED FORCES: (Yes, no, or unknown) (11 yes, give war or dates of the control of	16. SOCIAL SECURITY NO.	17. INFORMANT AND		
no service)			land, 9102 Harfo	rd Rd.
	18. MEDICAL CE	RTIFICATION		INTERVAL BETWEEN
1. DISEASES OR CONDITIONS DIRECTLY 1 33 2 X Immediate cause (a)	by the state of th	i Heart Du	ease	ONGET AND DEATH
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	erebiovascul			3 years
(c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	Zueralezes	arterios cla	wee	
related to the disease or condition causing deat				
19a. DATE OF OPERATION 19b. MAJOR F	INDINGS OF OPERATION			20. AUTOPSY? Yes No W
21. ACCIDENT (Specify) PLAC OF HOMICIDE INJU	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR	rown) (Coun	
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR?	
22. I hereby certify that I attended the	deceased from Sept	19.54 to 11 Ace	8, 19.55 that I las	t saw the deceased
alive on 10 Aug, 19.55, and				
SIGNATURE 2 AS	(Degree or title)	Lach Rowan Sh	manua Ceutz Ball	A DATE SIGNED
REMOVAL (Specify)	//		LOCATION (City, town, or co	ounty) (State)
burial 10/15/55/	Hiss Methodi		Balto. Co., Md.	
DATE REGISTRAR'S	Bacon	LOSSAN TA	01.	ADDRESS 7401 Belair Rd

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

correct age

VS. A15

BUREAU XI WILLIAM ED 1955

1:	7453 CERTIFICATI	COF DEATH Reg. Dist.	No.
efully.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED); /
carefull legibly.	COUNTY Baltimore MARYLAND	STATE Manyland COUNTY Ball	to al
	CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give pearest town) (in this place)	CITY(If outside corporate limits, write RURAL at	nd give nearest
tion	X TOWN Pepsaville 5- yes.	TOWN Piperville	X
information clearly and	HOSPITAL OR INSTITUTION OR STREET ADDRESS 103 Waldron line	STREET (If rural give location) ADDRESS 103 Waldron ave	. /
le li	of think of		Day) (Year
m of death	DECEASED: (Type or Print) ELMER JONES Gn	agey OF DEATH: Quy 2	9 th 19 5
of of	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED. 8. DATE WIDOWED, DIVORCED. 9 (Specify): 9 (A)		Rys Hours
G every auses	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF
N S	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	1501
Supply of the ca	Jonas Gnagery	Elizabeth Swanger	11
	15. WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY NO. (Yes. no. or unk.) (If Yes. give war or dates	17. INFORMANT & ADDRESS: 103 4	raldron
FOR INK.	of service) 082-01-0437	mus Elwer J. Gragly Peklo	ville 8
	18. MEDICAL CERTIFICAT	пои	INTERVAL BET
ERVEI ADING s: ple	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	1 4: 1	ONSET AND
RESERVED UNFADING sicians: ples	IMMEDIATE CAUSE (A) arterior	chrotic Leart disease	7 yrs
RESI UNF sician	ANTECEDENT CAUSE (8)		
	DISEASES OR CONDITIONS, IF ANY, (B)		
RGIN WITH t. Phys	GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.		
WI WI	(C)		
- 6	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		- 10
NIL	DISEASE OR CONDITION CAUSING DEATH.		
13	19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION		YES N
	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)		y) (Stat
> n	OF INJURY	21F. HOW DID INJURY OCCUR?	
OR Se is	22. I hereby certify that I attended the deceased from 10 h	ov , 1953, to 29 and, 1953, that I last	saw the dec
ह्म द		930 M, from the causes and on the date s	
	e P	.D. Peppmille 8 md 29	ang 1-1
Y Y		FRY OR CREMATORY LOCATION (City, town, or	county) (
<u>च</u>	Merelle my 11100 yalle 14	to lemming I mierase	110

REGISTRAR'S SIGNATURE

SUAL RESIDENCE (HOME) OF DECEASED ITY (If outside corporate limits, write RURAL and give nearest town) OWN TREET (If rural give location) DDRESS (Month) (Day) (Year) DEATH: Que 9. AGE last birthday IF CHOER I YEAR Months Days Hours yrs. IRTHPLACE (State or foreign country): |12. CITIZEN OF WHAT COUNTRY? MOTHER'S MEIDEN NAME ADDRESS: INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY? MON 1c. WHERE DID (City or town) (County) (State) JURY OCCUR? . HOW DID INJURY OCCUR? 1953, to ... If Gray, 1953, that I last saw the deceased

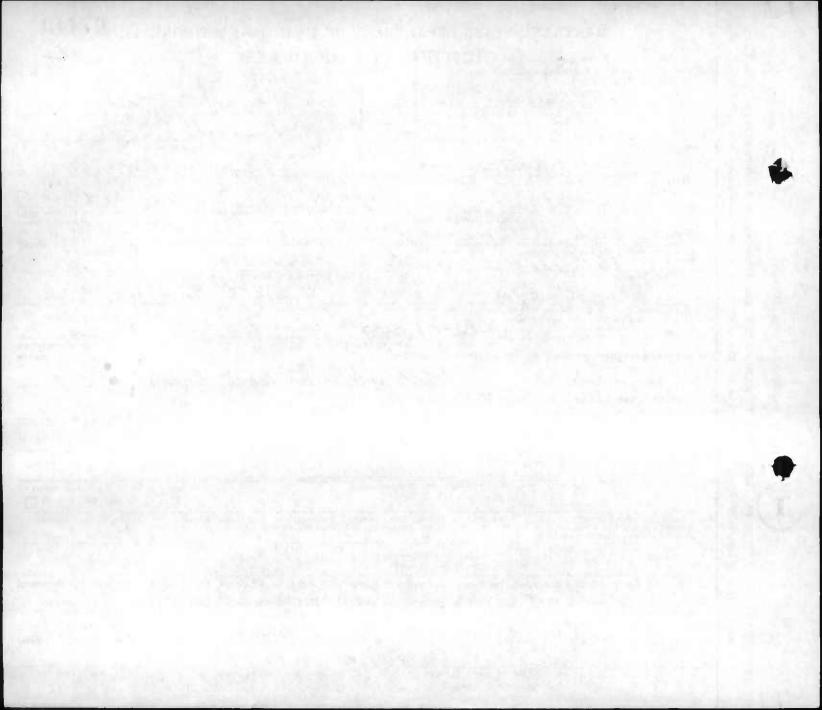
ADDRESS

(State)

24. FUNERAL DIRECTOR

PL

DATE REC'D BY LOCAL

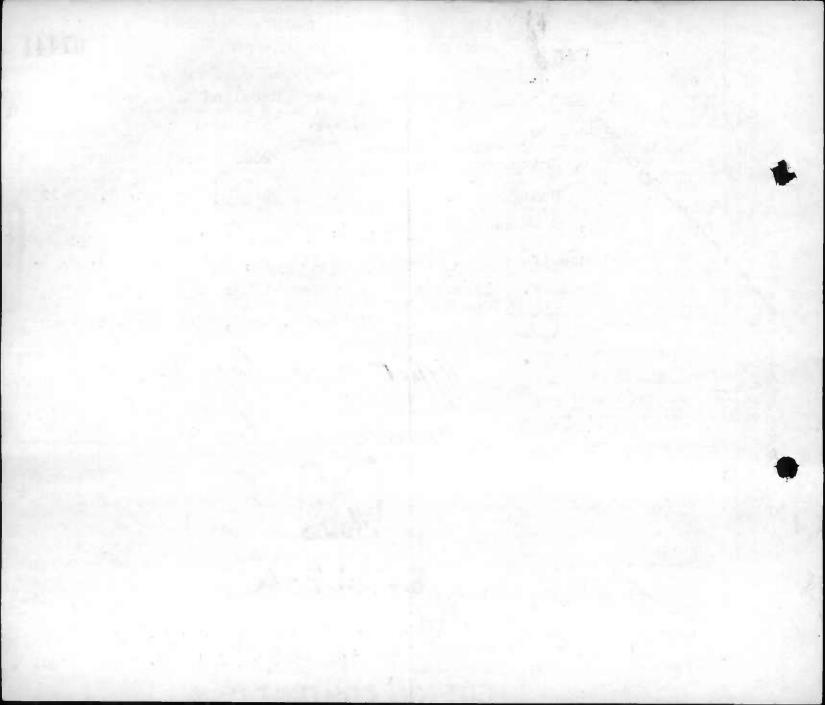


MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

7454 CERTIFICATE OF DEATH

Reg. Dist. No. 17441

ALC:		
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
county Baltimore MARYLAND	STATE Maryland COUNTY	7
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and	
OR and give nearest town) Catonsville	TOWN Baltimore 3 V	01-4
HOSPITAL OR Wayne Convalescent Home	STREET (If rural give location)	1)
98 Smithwood Avenue	2600 Garrett Avenue	· V
3. NAME OF DECEASED: (First) (Middle) (Type or Print) MARGUERITE A.	GOOD 4. DATE (Month) (Day) OF DEATH: August 3.	(Year) 19 55
female s. Color or RACE: White specify: Married Dec.	OF BIRTH: 9. AGE last birthday: IF UNDER 1 YEAR	
10a. USUAL OCCUPATION. Give kind of 10b. KIND OF BUSINESS OR	II. BIRTHPLACE (State or foreign country): 12. CIT	IZEN OF WHAT
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): housewife at home		S. A.
13. FATHER'S NAME:	Baltimore, Maryland U.	D. A.
James F. Holshouser	Helen Fisher	
15 WAS DECEASED EVER IN U.S.ARMED FORCES? 16. SOCIAL SECURITY No.: 17.		
(Yes, no. or unk.) (If Yes give war or dates of	lliam E. Good, 2600 Garrett	Avenue
18. MEDICAL CERTIFICATION		Avenue
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) DUE TO He merel	gie Rt. old	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION		
		20. AUTOPSY ?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)		20. AUTOPSY?
	(CITY OR TOWN) (COUNTY) (STA	Yes No 1
HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURED While at Not While	HOW DID INJURY OCCUR?	Yes No 1
HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURED While at Not While INJURY m. Work At Work	HOW DID INJURY OCCUR?	Yes No S
HOMICIDE TIME (Month) (Day) (Year) (Hour) INJURY OCCURED While at Not While INJURY 22. I hereby certify that I attended the deceased from	HOW DID INJURY OCCUR?	Yes No
HOMICIDE TIME (Month) (Day) (Year) (Hour) INJURY OCCURED While at Not While INJURY 22. I hereby certify that I attended the deceased from	HOW DID INJURY OCCUR? 19.54, to 3 A a g., 1955, that I last sa	Yes No LATE)
HOMICIDE TIME (Month) (Day) (Year) (Hour) INJURY OCCURED OF INJURY 22. I hereby certify that I attended the deceased from	HOW DID INJURY OCCUR? 19.54, to 3449, 1955, that I last sa 4:15 P.M., from the causes and on the date sta ADDRESS ADDRESS AV Con JVIII 28 P. RY OR CREMATORY LOCATION (City, town, or count	Yes No E
HOMICIDE TIME (Month) (Day) (Year) (Hour) INJURY OCCURED OF INJURY 22. I hereby certify that I attended the deceased from	How DID INJURY OCCUR? 19.5%, to 3 A a.g., 1955, that I last sa 4:15 C.M., from the causes and on the date sta ADDRESS ADDRESS AV C + MJVill 2 8 1 RY OR CREMATORY LOCATION (City, town, or count ock Cemetery Baltimore, Mar	Yes No LATE) We the deceased ated above. Esigned Augsing (State) Yland Address



MARYLAND STATE DEPARTMENT OF HEALTH

7455

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

		CERTIFICATI	E OF DEA.	Reg	. Dist. No	20
I. PLACE OF DEA	TH.		2. USUAL RESIDENCE	(HOME) OF DECEAS	BED.	
COUNTY	Baltimore	MARYLAND	STATE Maryland		County	imore
/ OR give near	corporate limits, write RUR		OR (II dualide corp	orace number, write 1601		
TOWN OB	lla		TOWN Oel			X
HOSPITAL OR INSTITUTION STREET ADDR	OR NESS 105 Oella	A	STREET ADDRESS	(If rural, give	location)	/
3. NAME OF	(First)	(Middle)	(Last)			
DECEASED (Type or Print)	HARRY	GROFF	(Timec)	OF	Aug. 4	1955 1955
Male	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIOOWET	8. DATE OF BIRTH 6-15-1868	9. AGE last hirthday 87 yrs.	Months Da	ar If under 24 hrs ys Hours Min.
done during most o	JPATION (Give kind of work f working life, even if retired)	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State		12. Ci	ITIZEN OF WHAT
Retire		MOOTELI WITT	Maryland	N. N. A. A. W.		
13. FATHER'S NA	nknown		Unknown			
15. WAS DECRASED (Yes, no, or waknow	EVER IN U.S. ARMED FORCES n) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 213-09-6/6	Guy Messick, C			
		18. MEDICAL CE	RTIFICATION			
420	CONDITIONS DIRECTLY O ./ ate cause (a)		ry Oul	usion	01	restant
Diseases of giving rise	ent cause(s) or conditions, if any, to the above cause e underlying cause last (c)	artenose	erotic Car	lis-Vascular	Disery	4 years
Conditions contr	FICANT CONDITIONS ibuting to the death but not case or condition causing deat	h. Twone				
		FINDINGS OF OPERATION			1 20	AUTOPSY?
2/1	orie	none				Yes II No M
21. ACCIDENT SUICIDE		CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR	TOWN)	(COUNTY)	(STATE)
HOMICIDE TIME (Month	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While	HOW DID INJURY O	CCUR?		
INJURY	m,	Work At work				
22. I hereby ce	rtify that I attended the	e deceased from 3/4	, 1950, to 12-	4 , 1954, that	t I last saw	the deceased
alive on		d that death occurred at	ADDRESS from th	e causes and on th	e date stated	above.
SIGNATURI	Brown 5.	Been treat a	- con1.	+ Dir he	1 8	ATE SIGNED
23. BURIAL, CRE REMOVAL, (S)	pectfyl 1	F NAME OF GEMETE	RY OR CREMATORY	LOCATION (City, tow		(State)
Bu	rial 18-6-55	Good Sher	pherd	Ellicott Ci		
DATE REC'D B	Y LOCAL REGISTRAR'S	Farres	F.C. Higinboth			DDRESS

REVELLY E

MARYLAND STATE DEPARTMENT OF HEALTH

7456

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

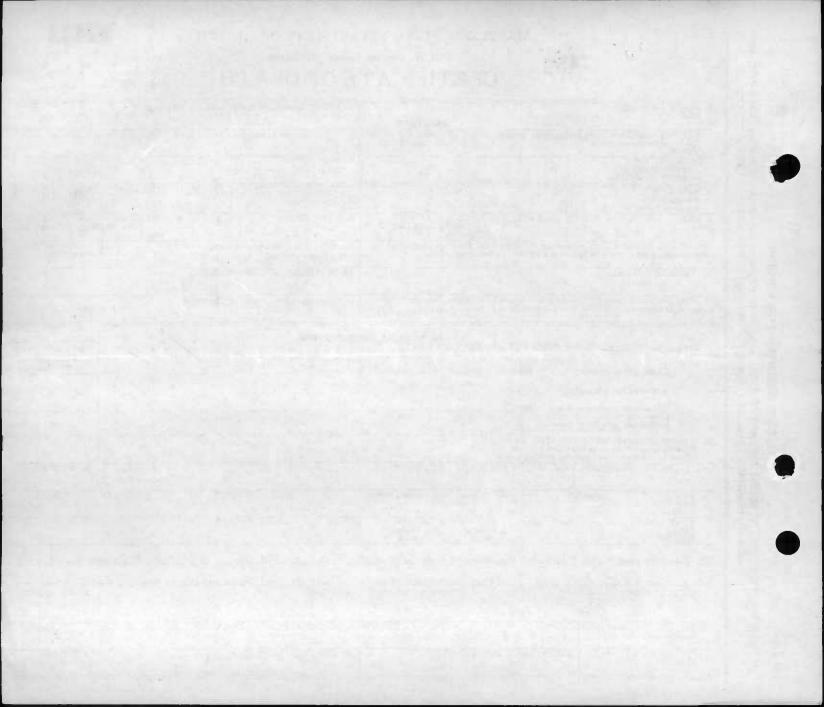
	neg. Dist. 110
I. PLACE OF DEATH- COUNTY BALTIMORE MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED-COUNTY
CITY (If outside corporate limits, write RURAL and STAY (in this place) 5 TOWN LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TOWSON
HOSPITAL OR INSTITUTION OR STREET ADDRESS 416 HILLEN ROAD	STREET (If rural, give location) ADDRESS 416 HILLEN ROAD
3. NAME OF (First) (Middle) DECEASED (Type or Print) ALICE SOPHIA	GROLOCK DEATH AUG. 24, 1955
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE	8. DATE OF BIRTH SEPT. 2, 1894 9. AGE last birthday If under 1 year If under 24 hrs Months. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PHINTING CO.	11. BIRTHPLACE (State or foreign country) BALTIMORE MD. 12. CITIZEN OF WHAT COUNTRY?
GUSTAV GROLOCK	AGUSTA M DISCHER
15. Was Ducrased Ever In U.S. Armed Forces? 16. Social Security No. (If year, give war or dates of 212 07 4836	MISS CECILIA GROLOCK SAME.
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Timmediate cause Antecedent cause(s) Diseases or conditions, if any, (b)	The frage of the state of the s
giving rise to the above cause stating the underlying cause last (c)	20. AUTOPSY?
	Yes 🗌 No 🗗
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. The work At work	HOW DID INJURY OCCUR?
SIGNATURE WM Church Thin.	ADDRESS DATE SIGNED 701 N. FERENS AND.
23. BURIAL CREMATION DATE NAME OF CEMETER REMOVAL (Specify) AUG. 27, 1955 PARKWOOL	CEMETERY BALTIMORE MARYLAND. (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 26/15	24. FUNERAL DIRECTOR & SONS INC. ADDRESS RALEIMORE HARVIAND A. COMP.
	BALTIMORE HARYLAND George Sanda

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age

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VS. A15



7457

2411 N. Charles Street, Baltimore

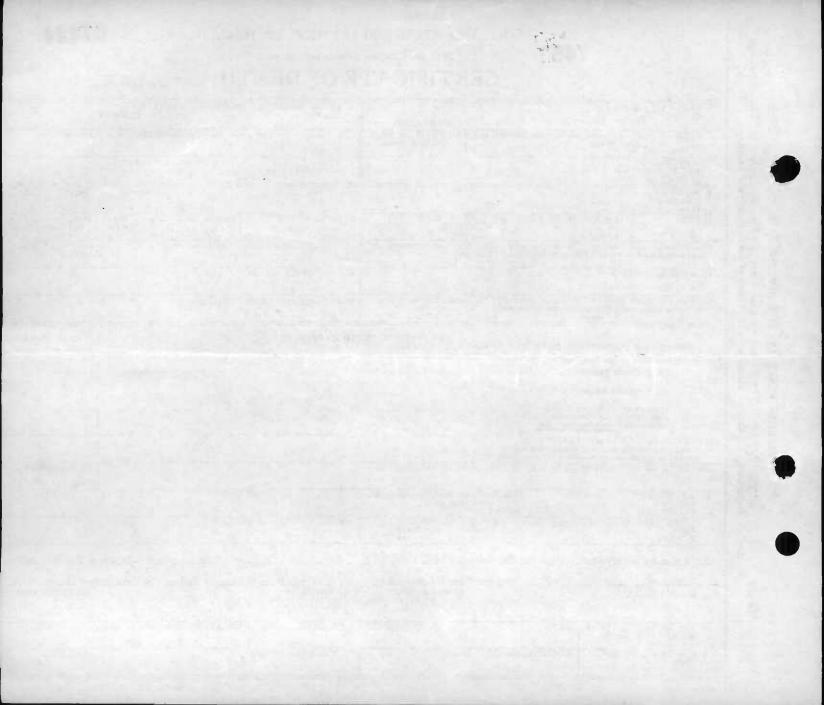
CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH- COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY
Baltimore Maryland	Ma.
CITY (If outside corporate limits, write RURAL and CITY (If outside corporate limits, write RURAL and LENGTH OF STAY (in this place) TOWN Beltimore 4	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore - 4
HOSPITAL OR INSTITUTION OR STREET ADDRESS 603 Coventry Road	STREET (If rural, give location) ADDRESS 603 Coventry Road
3. NAME OF (First) (Middle) DECRASED (Type or Print) CHARLES OTTO GRO	(Last) 4. DATE (Month) (Day) (Year) ONERT DEATH Aug. 22.1955 19
5. SEX male 6. COLOR OR RACE WIDOWED, DIVORCED (Specify) married	June 20.1885 9. AGE last birthday If under 1 year If under 24 hr Months. Days Min
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) Baltimore Md.
Proprietor of restaurant	Baltimore Md. USA
Otto Gronert	Charlotte Holthause
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If year, give war or dates of 212-32-2170 pervice)	17. INFORMANT AND ADDRESS Mrs. Ida Elizabeth Gronert
	603 Caventry Ro
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION INTERVAL BETWEEN ONSET AND DEATE
156 Immediate cause (a) Carcinoma of	Liver
Antecedent cause(s)	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	llour
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes 🗆 No 🗈
21. ACCIDENT (Specify) SUICIDE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY m.	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from D	0, 19 JJ, to aug 22, 19 55, that I last saw the deceased
alive on Aug 22, 19.55, and that death occurred at	
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
23. BURIAL, CREMATION DATE NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or county) (State)
REMOVAL (Specify) Rurial Aug 24 1955 Druid Ridge	(State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG.	24. FUNERAL DIRECTOR ADDRESS HENRY SANDER & SONS.INC.
4 4 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	Baltimore Md. Za F. A. I.
	Janoth,

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. VS. A15

MARGIN RESERVED FOR BINDING



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Supply every item of information carefully.

ARGIN RESERVED FOR BINDING

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A15 VS PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

911	OERTIFICATI	OF DEATH Reg	. Dist. No.				
1. PLACE OF DEATH: Bellemore 2. USUAL RESIDENCE (HOME) OF DECEASED:							
gib	COUNTY CATONSVILLE MARYLAND	STATE M D COUNTY A	INN ARUNIDEL				
le	CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RI					
and legibly	CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) 12 in this place)	TOWN PA. (ADIA	11- 02x-2				
	HOSPITAL OR SPAING GROVE STATEHOS	STREET (If rural give lo	200				
ear	LINSTITUTION OR STATE AND	ADDRESS ROY & MOU	ITAIN RD				
death clearly	3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)				
ath	OECEASED: (Type or Print) LOVIS	HN OF DEATH: 8	22 1955				
	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE	OF BIRTH: 9. AGE last birthday IF U					
of	M RACE: WIDOWED, DIVORCED, APAIL	19, 1896 59 yrs. Mor	ths Days Hours Min.				
ses	IOA LISUAL OCCUPATION (Give kind of LOB KIND OF BUSINESS	II. BIRTHPLACE (State or foreign country)	: 12. CITIZEN OF WHAT				
causes	work done during most of working life. even if retired): AUTOMOBILE Coast Guard Yard 13. FATHER'S NAME!	MARYLAND	COUNTRY				
	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:					
write the	DECEASED Frederick Hahn	DECEASED	DuVall				
rit	15. WAS DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY NO.	ELIZABETH HAHN					
	(Yes, no, or unk.) (If Yes, give war or dates of service) NOT KNOWN WIKNOWN	BOXY MOUNTAIN RI	PASADENA MA				
please	18. MEDICAL CERTIFICAT		INTERVAL BETWEEN				
pl	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH				
	IMMEDIATE CAUSE (A) CARDIA	C FAILURE	8/18/5-1-				
ian	DUE TO		/ /				
Physicians:	DISEASES OR CONDITIONS, IF ANY. (B) CORONA	RY DISEASE	8/22/55				
Phy	GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.						
	(C)						
important.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE						
OOL	DISEASE OR CONDITION CAUSING DEATH.						
imi	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?				
1			YES NO				
especially	2]A. ACCIDENT WAS UNDERLYING ☐ 218. PLACE (Home, farm, fact OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	ory. 21c. WHERE DID (City or town) etc. INJURY OCCUR?	(County) (State)				
	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While Not while at work at work						
e is	22. I hereby certify that I attended the deceased from \$ 10, 1965, to \$ -2.2, 1965 that I last saw the deceased alive on \$ -2, 1965, and that death occurred at \$ 1 M. from the causes and on the date stated above.						
age							
ct							
SIGNATURE S. Wackeler M. D. STATE SIGN ADDRESS STATE DATE SIGN M. D. STATE LOCATION (City, town, of county) 123. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OF CREMATORY LOCATION (City, town, of county)							
CO							
	Burial (SPECIFY) August 26 Cedar Hill	Baltimore	25. Md.				
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR							
	REGISTRAR 24 1955 Bocton & marry	Hopping and Kirkley, G	len Burnie, Md.				

BUREAU V. K.

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William To the Control of the Contro

man and an artist of the second secon

SECENAED SECTION SECTI

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	No. 30

MEDICINE BRIMMINER & CERT	THE TOTAL OF THE THE	No. 9. 9.	
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:		
COUNTY Baltimore MARYLAND	STATE Maryland county Baltimore		
CITY (If outside corporate limits, write RURAL OR and give nearest town) LENGTH OF STAY (in this place) 2 mo	CITY (If outside corporate limits write RURAL and OR TOWN Owings Mills	give nearest town)	
HOSPITAL OR INSTITUTION OR Spring Grove State Hosp.	STREET (If rural, give location) ADDRESS Bonita Avenue	/	
3. NAME OF (First) (Middle) DECEASED: (Type or Print) Edith E. HA	(Last) 4. DATE (Month) (Day OF DEATH August 26		
5. SEX: 6. COLOR OR RACE: WIDOWED, DEVORCED, (Specify): WIDOWED. Au	g. 14, 175 9. AGE last birthday: IF UNDER 1 Y		
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): 10b. KIND OF BUSINESS OF INDUSTRY: HOUSEWIFE	11. BIRTHPLACE (State or foreign country): 12. Maryland	COUNTRY?	
13. FATHER'S NAME: Calvin Harris	14. MOTHER'S MAIDEN NAME: Lou Cinty Martin		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 1000 none	17. INFORMANT & ADDRESS: Records-SpringGroveStateHo:	spital	
18. MEDICA	AL CERTIFICATION	1	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: ###################################	failure	Interval Between Onset and Death terminal	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause DUE TO	tic cardiovascular disease	years	
stating underlying cause last (c) Generalized a	rteriosclerosis	years	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Menta	l illness		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		Yes No	
21s. EXTERNAL CAUSE WAS PRIMARY \(\) or CONTRIBUTING \(\) OF street, office bldg., etc., CAUSE OF DEATH.		(State)	
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY M. work	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I took charge of the remains describe find that death resulted from: Natural causes . Accidental control of the con	lent □, Suicide □, Homicide □, Undeter		
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER REMOVAL (Specify): July 30,1955 Wesley	Chapel Hamprotead	md	
DATE RECID BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR LINE PERSON PERSON	ratures md	

MARGIN RESERVED FOR BINDING

Supply every item of information carefully. The correct write the causes of death clearly and legibly.

BUREAU V. S.

4 E ' 2 H

AUG 29 1955

BECEINED

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

		CERTIFICAT	TE OF DEAT	TH Re	g. Dist. No	30
1. PLACE OF DEATH COUNTY	Baltimore	MARYLAND	2. USUAL RESIDENCE STATE Md.	(HOME) OF DECEA	SED. COUNTY	
52 OR give nearest	orporate limits, write RURA town) CONSV111e	(in this place)	CITY (II outside corpo OR TOWN B	orate limits, write RU. altimore	RAL and giv	e nearest town)
HOSPITAL OR INSTITUTION OF STREET ADDRES	R House in th	e Pines and	STREET ADDRESS 1160	(If rural, give		
3. NAME OF DECEASED (Type or Print)	(First) Ballard	(Middle) M • F	(Last)	OF DEATH AU	Month)	(Day) (Year) 28, 1955
Female	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	s. DATE OF BIRTH Dec. 25. 1866	1 88 уп	Months	year If under 24 hrs Days Hours Min.
done during most of w	ATION (Give kind of work porking life, even if retired)	10b. Kind of Business or Industry	VA .			CITIZEN OF WHAT
	Hart		Louise E			
(Yes, no, or unknown)	ver In U.S. Armed Forces? (If yes, give war or dates of service)		Mrs Etta Cat	ADDRESS 221	Sycar	nore Rd.
		18. MEDICAL CE		AAT AAT HILL	GANDE GIVE	THE THE PARTY OF
	ONDITIONS DIRECTLY I	EADING TO DEATH				INTERVAL BETWEEN ONSET AND DEATE
14.43X Immediate	e cause (a)	erebral vascular	accident (Proba	ble nemorrh	uge)	21 days
giving rise to	nt cause(s) conditions, if any, the above cause nderlying cause last (c)	ypertensive arter isease	iosclerotic car	dio-vascula	r	70 00 00 00 00 00 00 00 00 00 00 00 00 0
related to the disease	ting to the death but not se or condition causing death					
19a. DATE OF OPE	RATION 19b. MAJOR F	INDINGS OF OPERATION				20. AUTOPSY?
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLAC OF INJU	E (Home, Iarm, factory, street, office bldg., etc.)	(CITY OR	TOWN)	(COUNTY)	(STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work	HOW DID INJURY O	CCUR?		
22. I hereby certically alive on SIGNATURE.	28, 19.55, and	deceased from Sept.		e causes and on t	he date sta	
23. BURIAL, CREM. REMOVAL (Spec	ATION DATE THERES	F NAME OF CEMETE	RY OR CREMATORY	Baltimo		Md ADDRESS
DATE REC'D BY	LOCAL REGISTRAR'S	El Colina	G. Howard St	OR		

Down

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age

VS. A15

2. Geo. A. Mosipp -4116 Edwardson love 1206. 1656

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07448

CERTIFICATE OF DEATH

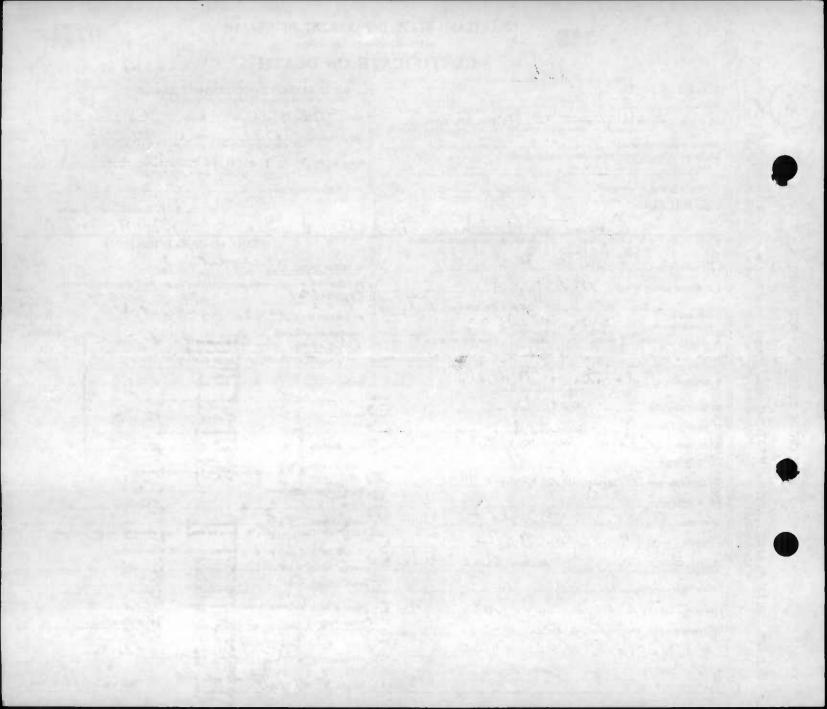
	Reg. Dist. No
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	state Maryland County Belto.
(If outside city or town limits, write RURAL and give nearest town)	City or town
How long In above place of death?	
00	Street No. 2509 Jaylor Que
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Chester arthur As	erter Sr. 1717-07-7470
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
grale to buto married	20. DATE DF DEATH. Curyur 13 1955, at 7.151
B.(b) Name of husband or wife An angasel	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
S.(c) If allve, give age 51 years	april 28 1945 to acques 13 1953
7. Birth date of deceased (mo., day, yr.) 4 olv. 9 - 1893	and that I last saw h alive on accepted 13/
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION 3 %
62 6 4nrsmin.	Coronary wentpering 3 yr.
9. Birthplace Edgemont Maryland	Due to
(Town, county, and state)	420.1
io. Osual occupation	Due to
11. Industry or business & alroad	
12. Name Sesige W. Harter 13. Birthplace ?.	Dither conditions
	(Include pregnancy within 8 months of death)
14. Malden name Mary Catherine Barns 15. Birthplace	Major findings of operations.
	Date of op.
16. Informant Chester arthur Harter se.	Autopsy results
Address 2509 Jaylor line	22. VIOLENCE: If death was due to external causes, till in the following;
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Gemetery or crematory Manager M. E.	Where did injury occur?
Location Pleasant All Balto G Md.	Injured at home, farm, Industry, public place (where?)
18. Funeral director associated Larace Inc.	Means of Injury Injured at work?
18. Funeral direction Country of the	1.8
Address 712-14 E. Mall and	23. SIGNATURE M. D. or other
18. T. () Velle	6217 Harford Rd 8/11/13

VS A15

PLEASE WRITE PLAINLY, 1 is especially

WITH UNFADING INK. Supply every item of information carefully. The correct age important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

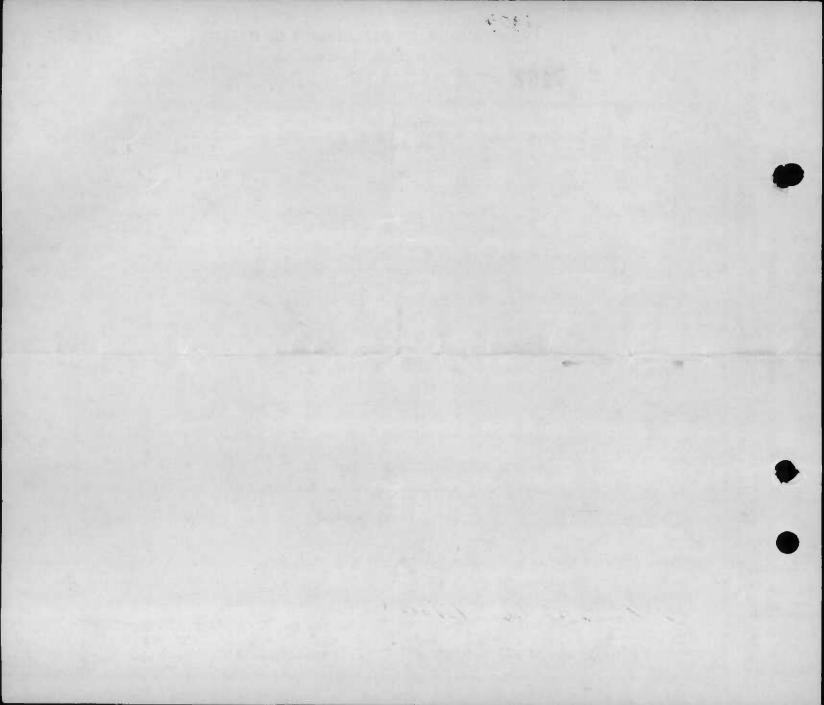
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

7462 CERTIFICATE OF DEATH

Reg. Dist. No.

I. PLACE OF DEATH.	I 2 HOURT DECIMENCE CHOMES OF DECIMARED	
COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED.	61-0
(Jallemore MARYLAND	PIU	4610.
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY		e nearest town)
X TOWN Note teliff wear Town out (in this place)	TOWN NOTCH CLIFE NR	TAMISAA
HOSPITAL OR	STREET (If rural, give location)	
/ INSTITUTION OR	ADDRESS GIFAI ARA	(21) .
/ STREET ADDRESS	" OF CIO 17 101 1	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) Sy. Mary Stanis Pava Hode	Pr DEATH Aug	6 19.55
5. SEX 1 6. COLOR OR RACE 1 7. SINGLE, MARRIED.		l year ill under 24 hrs.
WIDOWED, DIVORCED,	Months !	
	April 24 1878 77 yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY.		CITTEEN OF WHAT
Teacher Flous	1 Bykova Czecho Stovakia	U. S. A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Wesser Pour Hodek	Bank Banal	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	Barbara Bouces	
(Yes, no, or unknown) [(If yes, give war or dates of	17. INFORMANT AND ADDRESS	OHE
pervice)	SK.M.CLARA S	AME.
18. MEDICAL C.	ERTIFICATION	1
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
Immediate cause (a) Myocardia I	1 1 +	sodd.
Immediate cause (a)	n farction	Sudden
Antecedent cause(s) Diseases or conditions, it any, giving rise to the above cause stating the underlying cause last (c)	c Cardio vaseular disease	5 years
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		V C C
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	(STATE)
SUICIDE OF office bldg., etc.)	(0111 011 10 111)	(SIAIE)
HOMICIDE INJURY		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While	HOW DID INJURY OCCUR?	
INJURY m, Work At work		
alive on study 25, 1955, and that death occurred at SIGNATURIS (Degree or title)		
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMET	ERY OR CREMATORY LOCATION (City, town, or count	104-4-1
BYTHAL 8-9-55 VILLA	MARIACEM NOTCH CLIFF	NR TOWSO
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24 FUNERAL DIRECTOR 90 5	CORREING.



R. H

MARILAND STATE DEPARTMENT OF REALTH—DALLIMORE, 18

MEDICAL EXAMINER'S CER	TIFICATE OF DEATH	No
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	73
COUNTY Pallo. MARYLAND	STATE COUNTY	alto.
CITY (If outside corporate limits, write RURAL LENGTH OF STAN OR and over neglect town) X TOWN (in this class)	CITY (If pulsitie corporate in the write RURAL and OR TOWN) CSP Verg	d give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7 231 Thorn cliffe Rd	STREET (If ryeal, give location) ADDRESS 4231 Thorncliff Rd, Bal	to 6, Md
3. NAME OF DECEASED: (Crest) Elevered Hoe	Leen 4. DATE (Month) (Day OF DEATH Que 1/	(Year) 1955
Male RAPPHILE STATES THE	9 9/19/4 4 yrs.	ays Hours Min.
10m. USUAL OCCUPATION (Give kind of the ki		COUNTRY?
Phillip II Hollich	14. MOTHER'S MAIDEN NAME: Service &	table
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY No.: (Yes, no, or unit.) 11 Yes, give war or dates of 2/2-03-3/14	Thillip the Hallish	(Faster)
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	CAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Jun Shift	wornt our rengue	X
Antecedent cause(s)	earen Lest lemple	melis.
Diseases or conditions, if any, (b) Questions of the above cause DUE TO	J. O	٠
stating underlying cause last (c)	natile sarael	
IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes \(\subseteq \text{No} \(\subseteq \)
21a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING OF Street, office bldg., etc CAUSE OF DEATH.		(State)
21d. Time (Month) (Day) (Year) (Hout) 21e. INJURY OCCURRED OF While at Not while injury 1/2 55, 7 M. work at work	121. HOW DID LAJURY OCCUR?	Inchest.
22. I hereby certify that I took charge of the remains descr		
find that death resulted from: Natural causes [], Acci	ident , Suicide , Homicide , Undete	rmincd cause
(+mlarmo	M. D. ASSISTANT MEDICAL EXAMINER	
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or co	ounty) (State)
Burial (Specify): 8/15/155 Parkwood Ceme		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	L. J. Ruck, Inc. 5305 Hardord R	Address Rd, Balto Md

S. A15A - 5 - 53

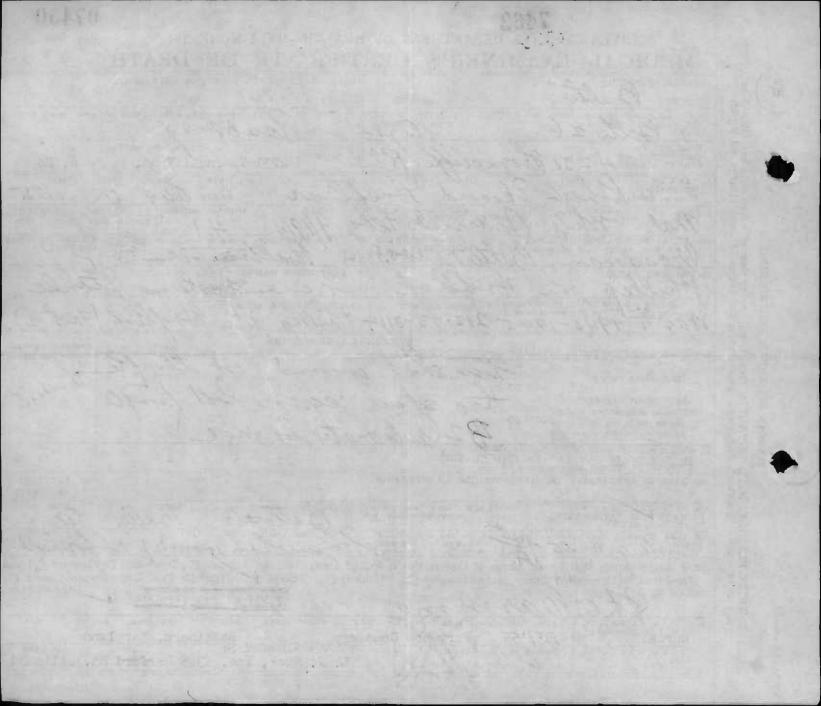
MARGIN RESERV

PLEASE WRITE PLAINLY, WITH UNFADING INK.

age is especially important. Physicians: please

Supply every item of information carefully. The correspite the causes of death clearly and legibly.

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BALTIMORE 11 MARYLAND

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PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 ()745

7465 CERTIFICATE OF DEATH

Reg. Dist. No. 37

	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
0	COUNTY Taltimore MARYLAND	STATE MIS COUNTY Ja	lbat
	CITY Ilf outside corporate limits, write RURALI LENGTH OF STAY	CITY(If outside corporate limits, write RURAL an	d give nearest town)
	OR and give nearest town) (in this place)	OR TOWN Canton Sul	20-40-21
	HOSPITAL OR	STREET (If rural give location)	00-40-04
	INSTITUTION OR STREET ADDRESS MANAGEMENT	ADDRESS & W 1 +	14d 4
	17 Mai maranco prome	131 M. Hashington	VD] Kuchen
	3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Da	(Year)
	(Type or Print) / lusing triple	ollyday DEATH: (Mg. 3	1 1953
	5. SEX: 6. COLOR OR 7. SINGLE MARRIED. 8. DATE	OF BUTH: 9. AGE last birthday IF WOER I YE Months Da	
1	Kemale Hetel (Specify) Hidor Has.	9 th 1871 84 yrs.	ys Hours Min.
2	10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS work done during most of working life. OR INDUSTRY:	11. BIRTHPHACE (State or foreign country): 12. C	
2	even if retired):	Jallant Co	OUNTRY?
	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
	del de la la	Mel.	1
3	15. WAS DECEASED EVER IN U.S. ARMED FORCES A 19. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	me -
1	(Yes, no, or unk.) (If Yes, give war or dates	901 1-1	0
200	of service) York	jaura 10. verrede	7
100	18. (MEDICAL CERTIFICATI	9N	INTERVAL BETWEEN
2,	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	4 . 0 .	ONSET AND DEATH
	4 d de l'IMMEDIATE CAUSE (A) CISTATION	alexania Cardia	
100	DUE TO		wel
1210	ANTECEDENT CAUSE (S)	raulad Disease	0
2	GIVING RISE TO THE ABOVE CAUSE DUE TO	MUNY NAMED	de groo -
	STATING UNDERLYING CAUSE LAST.		
3	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
20	TO THE DEATH BUT NOT RELATED TO THE	B 1. F.	ner
3	DISEASE OR CONDITION CAUSING DEATH.	nonculio	2-40
	194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
2			YES NO
cciaii	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor or CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	ory, 21c. WHERE DID (City or town) (County etc. INJURY OCCUR?) (State)
	OF INJURY OF INJURY OF INJURY OCCURRED While At work At work	21F. HOW DID INJURY OCCUR?	
2	22. I hereby certify that I attended the deceased from	, 1953 to any 30 1955 that I last :	saw the deceased
20		1225	
	alive on 30, 19 3, and that death occurred at		tated above.
i i	Mallin 1 Iceca	Corleida alla Mil	8/21/50
5		RY OR CREMATORY LOCATION (City, town, or	county) /(State)
	REMOVAL (SPECIFY) 9/2/		201
	1 /2/32 Caston	Camelery (Jarion)	200

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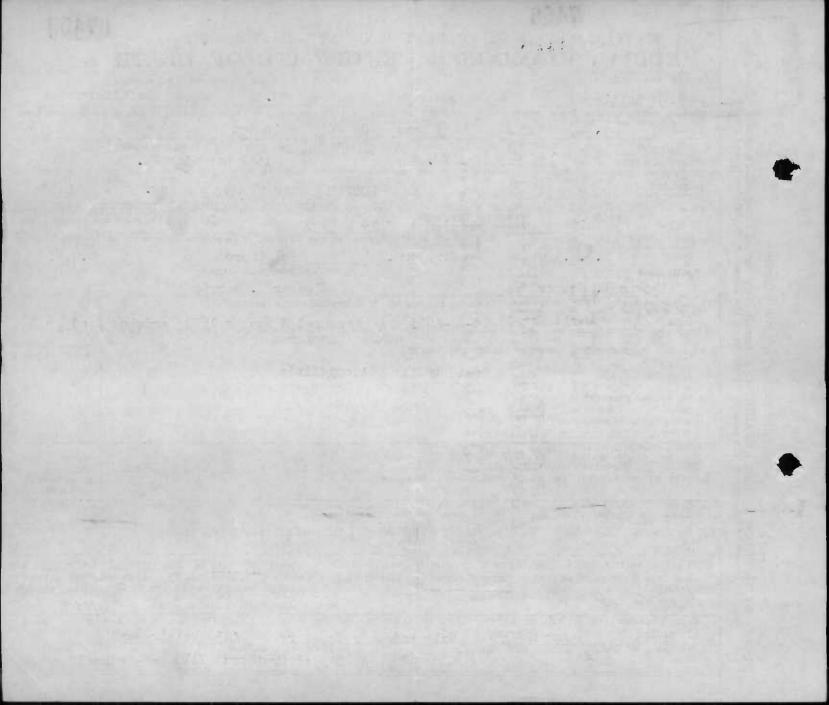
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	No

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
county Baltimore MARYLAND	STATE Md. COUNTY Baltim	ore
CITY (If outside corporate limits, write RURAL OR and give nearest town) Towson CITY (If outside corporate limits, write RURAL (in this place) Towson	CITY (If outside corporate limits write RURAL and OR TOWN TOWSON	give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 404 Carolina Rd.	STREET (If rural, give location) 1652 Hardwick Rd.	1
3. NAME OF (First) (Middle) DECEASED: (Type or Print) THOMAS V	OOPER 7. A. DATE (Month) (Pay OF DEATH Aug.	(Year) 19 55
Male White (Specify): Married J. J.		Hours Min.
10a. USUAL OCCUPATION (Give kind of work life, even if retired): I.B.M. Opt 10b. KIND OF BUSINESS OF INDUSTRY: Bendix Corp.	R 11. BIRTHPLACE (State or foreign country): 12. Baltimore	CITIZEN OF WHA' COUNTRY? U.S.A.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Thomas V. Hooper Sr	Eleanor M. Morris	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of Yes were) World War 2 216-28-4805	17. INFORMANT & ADDRESS: Margaret M Hooper 1652 Hardwick	Road
18. MEDIC.	AL CERTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: Immediate cause (a) Acute bulbar po DUE TO Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause DUE TO	liomyeLitis	ONSET AND DEATH
stating underlying cause last (c)		L.
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes ANO
21a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING OF Street, office bldg., etc. CAUSE OF DEATH.	••	(State)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while work ☐ at work ☐	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I took charge of the remains described find that death resulted from: Natural causes , Accidental Control of the remains described from the remains described	dent □, Suicide □, Homicide □, Undeter CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	mined cause DATE SIGNED
	RY OR CREMATORY LOCATION (City, town, or co	
	er Cemetery 4430 Belair Road	Md
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG.	24. FUNERAL DIRECTOR Dippel Brothers 7110 Belair F	ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important, Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

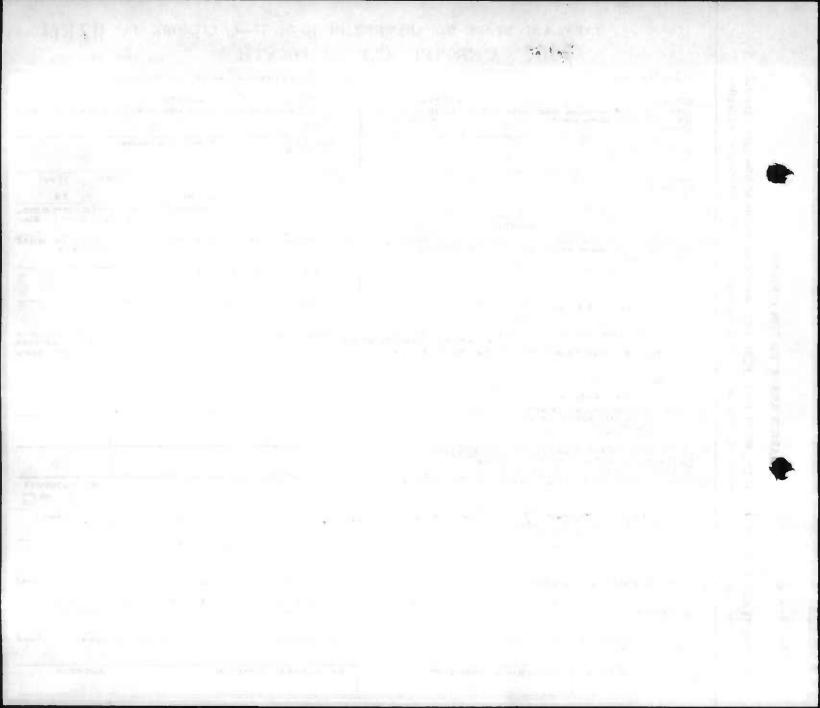
VS. A15A - 5 - 53



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 ()7454

746? CERTIFICATE OF DEATH Reg. Dist. No.

1. NAME OF DECEASED (Type or Print) CLARA	C. HOOPES		2. DATE OF AUGUST 28, 1955
3. PLACE OF DEATH: A Baltimore City, Maryland B. FULL NAME OF (If not in hospita	Baltimore Courts	A. STATE	Where deceased lived. If institution; residence B. COUNTY before admission) Baltimore
HOSPITAL OR INSTITUTION	location)		outside corporate limits, write RURAL and give
X 72 Murdock Ros	ad	Baltimore 12	township)
UO	Yrs.	D. STREET ADDRESS (If	rural, give location)
c. Length of stay in Baltimore	Mos. Days	72 Murdock Road	
5. SEX 6. COLOR OR RACE Female White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify Widowed	Feb. 23, 1885	9. AGE (In years M Under I Year M Under 24 Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	108. KIND OF BUSINESS OR	11. BIRTHPLACE (State or fo	oreign country) 12. CITIZEN OF WHAT COUNTRY
Clerk	Baltimore City	Baltimore, Mary	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	
Adolph Haesoop		Sophie Schilthie	em.
15. WAS DECEASED EVER IN U. S. ARMED		17. INFORMANT	ADDRESS
(Yes, no or unknown) (If yes, give war or dates	None SECURITY NO.		pes, 3rd, 72 Murdock Road
Z O DISEASE OR CONDITION E LEADING TO DEAT (This does not mean the mode of heart failure, asthenia, etc. It mean injury or complication which ea ANTECEDENT CAUSE Z O DISEASES OR CONDITIONS, IP RISE TO THE ABOVE CAUSE (A): UNDERLYING CONDITION LAS UNDERLYING CONDITIONS (TO THE DEATH BUT NOT RISE DISEASE OR CONDITION CAUSING UNDERLYING CONDITION CAUSING OTHER SIGNIFICANT CONDITIONS (TO THE DEATH BUT NOT RISE DISEASE OR CONDITION CAUSING U DISEASE OR CONDITION CAUSING	H (dying, e. g., (A)	yocardin Ind	denesclovin
CAUSE OF DEATH, ENTERS IN L PART I OR PART II	Y	VAS PERFORMED	YES NO
OF INJURY	WHILE AT NOT WHI	LEIT	UKT OCCURT
	m. WORK AT WOR		
22 I contify that (I) (this h	parital) attended the decor	and from	- 19 / 10. F.
22. I certify that (I) (this h	nospital) attended the decear	be deceased alive of	19 19 to
(lug un + 28 1954	that (I) (we) last saw t	he deceased alive of	19 19 55 to
and that death occurred at 2. 23a. SIGNATURE ATTENDING PHYS. MED. DIRECT	m., from the causes of m., from the causes of m.	he deceased alive of	19.55 to 19.55 to 19.55 to 19.55 to 23c. DATE SIGNED 8/28/JJ-
and that death occurred at 2. 23a. SIGNATURE ATTENDING PHYS. MED. DIRECT	m., from the causes of the cause of the causes of the cause	and on the date stated about ADDRESS	Ke.
and that death occurred at 2. 23A. SIGNATURE ATTENDING FHYS. MED. DIRECT	m., from the causes: M.D. STAFF PHYS. 24C. NAME OF CEMETE	he deceased alive of and on the date stated about ADDRESS	Me. 23c. DATE SIGNED 8/28/155-



21E INJURY OCCURRED

Not while

at work

While

at work

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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correct

BINDING

DATE THEREOF 23. BURIAL, CREMATION. REMOVAL_(SPECIFY) August 6,1955 Burial Mt. Olive Cemetery DATE REC'D BY LOCAL

22. I hereby certify that I attended the deceased from 10

21D. TIME (Month) (Day) (Year) (Hour)

OF "INJURY

alive on

REGISTRAR

SIGNATURE

NAME OF CEMETERY OR CREMATORY LECATION (City, town, or county) Randallstown, Maryland

23., 19.5/, to 8/2....., 19.55, that I last saw the deceased

(Day)

Days

(Year)

IF UNDER 24 HRS

Hours

112. CITIZEN OF WHAT

U.S.A.

ONSET AND DEA

20. AUTOPSY?

NO

(State)

YES

(County)

COUNTRY?

21F. HOW DID INJURY OCCUR?

and that death occurred at 15.15. M, from the causes and on the date stated above.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

7463	CERTIFICATE	OF	DEATE
	CAME AND A COLLEGE		AND AND A AND

Reg. Dist. No. legibly. 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: BALTIMORE STATE MARYLAND MARYLAND COUNTY CITY (If outside corporate limits, write RURAL) LENGTH OF STAY CITY(If outside corporate limits, write RURAL and give nearest town) and OR and give nearest town) (in this place) TOWN TOWN FORT HOWARD 90 DAYS HOSPITAL OR STREET (If rural give location) INSTITUTION OR ADDRESS OSTREET ADDRESSVETERANS ADMINISTRATION HOSPITAL 2904 W. MOSHER STREET 3. NAME OF (Middle) (Last) DATE (Month) (Dav) (Year) DECEASED (Type or Print) WILLIAM HOUSTON DEATH: AUGUST 1955 5. SEX: 6. COLOR OR 7. SINGLE, MARRIED. 8. DATE OF BIRTH: 9. AGE last birthday IF UNDER I YEAR IF UNDER 24 MRS. WIDOWED, DIVORCED. RACE: Months | Days Hours (Specify): MARRIED 36 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country): |12. CITIZEN OF WHAT work done during most of working life. OR INDUSTRY: U. S. A. even if retired): INTERIOR DECORATOR ATLANTA. GEORGIA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME: W. L. HOUSTON UNKNOWN 15. WAS DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS: (Yes no, or unk.) (If Yes, give war or dates CLIN.REC.VET.ADM.HOSP.,FT.HOWARD, MARYLAND 18. MEDICAL CERTIFICATION INTERVAL BETWEEN [d I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH PULMONARY HEMORRHAGE IO MIN. sicians IMMEDIATE CAUSE THROMBOPHLEBITIS, MULTIPLE, PULMONARY AND ANTECEDENT CAUSE (S: 3 MO. JUGULAR VEINS DISEASES OR CONDITIONS, IF ANY Phys GIVING RISE TO THE ABOVE CAUSE DUE TO UNKNOWN CAUSE STATING UNDERLYING CAUSE LAST. 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TOKIE CELL OF THE MALNUTRITION importar 19A. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? NO 21A. ACCIDENT WAS UNDERLYING 1 21B. PLACE (Home, farm, factory.) 21c. WHERE DID (City or town) (County) (State) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While Not while OF INJURY at work at work 22. I hereby certify that Kattended the deceased from MAY 18, 1955, to AUG. 16, 1955, XEG DURAGE WOOD CONTROL ge SIGNATURE DATE SIGNED F. G. DICKEY, M.D., Chief Medical Service Service M.D. VAH. FORT HOWARD, MARYLAND 8-17-55 23. BURIAL, CREMATION. DATE THEREOF REMOVAL (SPECIFY) DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE

LAW MORTUARY, 802-OL MADISON AVE

BALTIMORE 1. MARYLAND

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MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. DEATH OUNTY Baltimore I. PLACE OF DEATH COUNTY Baltimore MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) OR and give nearest town OR and give ne	1210		07158
1. PLACE OF DEATH: COUNTY Balt imore CITY (it outside corporate limits, write RURAL CITY (it outside corporate limits, write RURAL COUNTY Catonsville 2. USUAL RESIDENCE (HOME) OF DECEMBED: STATE Marylandounty Prince George CITY (it outside corporate limits write RURAL and give nearest town) OR and give neares	MARYLAND STATE DEPARTMENT OF	HEALTH—BALTIMORE, 18	Reg. 07456
COUNTY Baltimore MARYLAND COUNTY Baltimore CITY (If outside corporate limits write RURAL OR and give nearest town) OR and give nearest town) OR and give nearest town Or	MEDICAL EXAMINER'S CER	TIFICATE OF DEATH	No. 30
TOWN Catonsville Catonsville	Beltimore		George
HOSPITAL OR INSTITUTION OR STREET ADDRESS TOPE STREET ADDRESS TOPE STREET ADDRESS AD	(In this blace).	CITY (If outside corporate limits write RURAL and OR TOWN Mitchellsville	give nearest town)
3. NAME OF DECRASED: DECRA	HOSPITAL OR	STREET (If rural, give location)	V
Male PROCE. WINDOWED, DINGLED, STORED TO LOW WINDOWS AND COURT OF THE MINE MAN MAN MAN WINDOWS AND COURT OF THE MINE MAN MAN WINDOWS AND COURT OF THE MINE MAN MAN MAY COURT OF THE MINE MAN MAY COURT OF THE MINE MAN MAY COURT ON THE MAN MAY	3. NAME OF (First) (Middle) DECEASED:	(Last) 4. DATE (Month) (Day)	
NO CTC CATTERTO TABLES MAME: Henry Jackson 16. Mas Deceased Everin U.S. Asmed Forces (Yes, no, or unk.) (If Yes, give war or dates of NATIONAL MARCHANDER) 18. Mas Deceased Everin U.S. Asmed Forces (Yes, no, or unk.) (If Yes, give war or dates of NATIONAL MARCHANDER) 19. MEDICAL CERTIFICATION 19. MEDICAL CERTIFICATION 19. MEDICAL CERTIFICATION 19. Medical Cause (a) Death: Congestive heart failure ONSET AND DEATH:	Male White (Specify): Single 5	30907 48 yrs. Months Da	Hours Min.
Henry Jackson Mary Jackson Mary Jackson Swafford	work done during most of work life, INDUSTRY:	Kentucky	COUNTRY?
Composition Control	Henry Jackson	14. MOTHER'S MAIDEN NAME: Mary Jackson: Swaf	ford
Immediate cause (a)	(Yes, no, or unk.) (If Yes, give war or dates of	Records Spring Grove State	Hospital
Immediate cause (a) Congestive heart failure Antecedent cause(s) Diseases or conditions, if any, (b) Inanition giving rise to the above cause DUE TO stating underlying cause last II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISSASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 21a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF Street, office bidg., etc., INJURY OCCURRED OF STREET, office bidg., etc., INJURY OCCURRED OF STREET, office bidg., etc., INJURY OCCURRED OF DEATH 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF STREET, office bidg., etc., INJURY OCCURRED OF STREET, office bidg., etc., INJURY OCCURRED OF STREET, office bidg., etc., INJURY OCCURRED OF STREET, OFFICE OF STREET,		AL CERTIFICATION	
giving rise to the above cause DUE TO stating underlying cause last (c) POST-Encephalitic Parkinsonism II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 21a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF Street, office bldg., etc., INJURY 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at work 21d. THOU DID INJURY OCCUR? OF NJURY 22. I hereby certify that I took charge of the remains described above, held an Autopsy 1, Inspection 1, Inquiry 1, and find that death resulted from: Natural causes 1, Accident 1, Suicide 1, Homicide 1, Undetermined cause 1 SIGNATURE 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) PARTY OR CONTRIBUTING 1	Immediate cause (a) Congestive hea	art failure	
giving rise to the above cause DUE TO stating underlying cause last (c) Post-Encephalitic Parkinsonism II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 21a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING OF Street, office bldg., etc., INJURY 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at work 21d. HOW DID INJURY OCCUR? OF INJURY 22. I hereby certify that I took charge of the remains described above, held an Autopsy 1, Inspection 1, Inquiry 1, and find that death resulted from: Natural causes 1, Accident 1, Suicide 1, Homicide 1, Undetermined cause 1 SIGNATURE 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) PATE SIGNED DATE SIGNED ADDRESS.	Antecedent cause(s) Inanition		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 21a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING OF Street, office bldg., etc., CAUSE OF DEATH. 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF INJURY 22l. I hereby certify that I took charge of the remains described above, held an Autopsy X, Inspection of Inquiry X, and find that death resulted from: Natural causes X, Accident Signature 22l. I hereby certify that I took charge of the remains described above, held an Autopsy X, Inspection of Inquiry X, and find that death resulted from: Natural causes X, Accident Signature 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY DEP	Diseases or conditions, If any, (0) giving rise to the above cause DUE TO		• • • • • • • • • • • • • • • • • • • •
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 21a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING Street, office bldg., etc., CAUSE OF DEATH. 21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at work Not while work street, office bldg., etc., INJURY 22d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at work street, office bldg., etc., INJURY 22e. I hereby certify that I took charge of the remains described above, held an Autopsy I, Inspection I, Inquiry I, and find that death resulted from: Natural causes I, Accident I, Suicide I, Homicide I, Undetermined cause I SIGNATURE 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) 24. BURIAL, DIRECTOR AND ADDRESS.		itic Parkinsonism	
20. AUTOPSY? Yeal No	II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
PRIMARY Or CONTRIBUTING OF street, office bldg., etc., CAUSE OF DEATH. 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at work 21f. HOW DID INJURY OCCUR? OCCUR? OCCUR? OCCUR? OCCUR? OCCUR? OCCUR? OCCUR? OCCUR. OC	19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		Yes No 🗆
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at work □ 21f. HOW DID INJURY OCCUR? While at work □ at work □ 21f. HOW DID INJURY OCCUR? While at work □ 21f. HOW DID INJURY OCCUR? While at work □ 21f. HOW DID INJURY OCCUR? INJURY OCCUR? While at work □ 21f. HOW DID INJURY OCCUR? While at work □ 21f. HOW DID INJURY OCCUR? Inspection □, Inquiry □, and find that death resulted from: Natural causes ► Accident □, Suicide □, Homicide □, Undetermined cause □ SIGNATURE OF CHIEF MEDICAL EXAMINER □ DATE SIGNED OF DEPUTY MEDICAL EXAM. DATE SIGNED OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) REMOVAL (Specify): BUT ACCIDENT BY LOCAL LESS SIGNATURE □ 24 FUNERAL DIRECTOR ADDRESS.	21a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING 21b. PLACE (Home, farm, factory OF street, office bldg., etc. INJURY		(State)
find that death resulted from: Natural causes M., Accident , Suicide , Homicide , Undetermined cause SIGNATURE	OF While at Not while	21f. HOW DID INJURY OCCUR?	
SIGNATURE Color C	find that death resulted from: Natural causes I. Accid	dent □. Suicide □. Homicide □. Undeter	
Burial 8/21/55 Mt. Oak Cometery MILTERELLVILLE, Muc	SIGNATURE SMKieffer 1010 Leide	CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	DATE SIGNED
DATE REC'D BY LOCAL LEGGERAR'S SIGNATURE 1.24 FUNERAL DIRECTOR ADDRESS		2004 - 200 - 400	
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	1 24 FUNERAL DIRECTOR	boro, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH

7471

2411 N. Charles Street, Baltimore

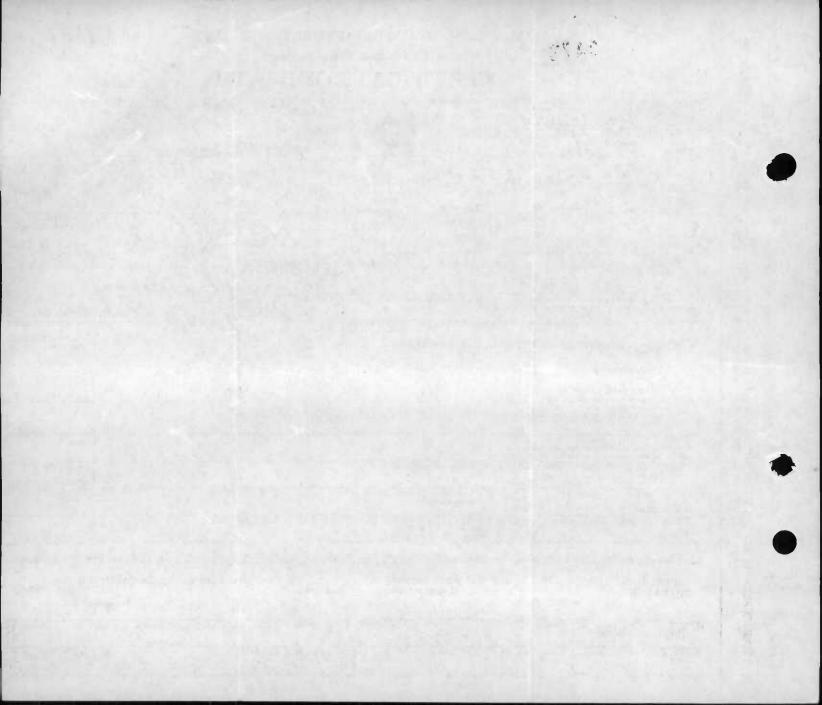
CERTIFICATE OF DEATH

	ODJET IF TOTAL	DOF DEAL	Reg. Di	st. No
1. PLACE OF DEATH. COUNTY Boltimore	MARYLAND	2. USUAL RESIDENCE	(HOME) OF DECEASED.	OUNTY
CITY (If outside corporate limits, write RUF OR give nearest town)		OR TOWN BOLL	rporate limits, write RURAL	and give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS House of the	e Pines Neusing Hom	STREET ADDRESS 1918	Letitialine.	tion)
3. NAME OF DECEASED (Type or Print) Mame	Jane Hu	ett (Last)	4. DATE (Mont	26 195
Figure 6. COLOR OR RACE	7. SINGLE, MARRIES, WIDOWED, DIVORCED, (Specify)	Jane OF BIRTH	7 8 8 yrs. M	under 1 year If under 24 h onths Days Hours Mis
10a. USUAL OCCUPATION (Give kind of work design during most of morking life, even if retired)		Marchest	te or foreign quintry)	12. CITIZEN WHA
13. FATTIER'S NAME JOHN THE TOTAL TO THE WAS ASSETTED TO THE WAS A	s? 16. Social Security No.	MARGON AND AND AND AND AND AND AND AND AND AN	I ann Bai	rd
15. Was Deptased Ever In A.S. Armed Force (Yes, no, or paknown) (II yes, give war or dates service)		Ruth Star	ry - 15/7 Pa	rkgrove ave.
I. DISEASES OR CONDITIONS DIRECTLY	18. MEDICAL CE	RTIFICATION	1	INTERVAL BETWEE
154 X Immediate cause (a)	Carcuson	a of Nee	fam	2 z year
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last		1		.
(c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing dea	6h			
19a. DATE OF OPERATION 19b. MAJOR				20. AUTOPSY?
SUICIDE OF	ACE (Home, farm, factory, street, office bldg., etc.)	(CITY O	R TOWN) (COU	Yes No SUNTY) (STATE)
HOMICIDE INJ TIME (Month) (Day) (Year) (Hour) OF INJURY m.	URY INJURY OCCURRED While at Not While Work At work	HOW DID INJURY	OCCUR?	
22. I hereby certify that I attended th	- 1	, 1949, to Que	9.26, 19.55, that I	iast saw the deceased
alive on lug 23, 1955, at SIGNATURE	(Degree or title)	ADDRESS Bestung from Be	the causes and on the deliver. Ballo 30, 4	DATE SIGNED
23. BURIAL, CREMATION DATE THERE REMOVAL (Specify)	1955 MANE OF CEMETE	en or crematory	Richard	r county) (State)
DATE REC'D BY LOCAL REGISTRARY REG.	SIGNATURE	24. FUNERAL DIREC	TOR Sec. 20	ADDRESS.

MARGIN RESERVED FOR BINDING

The correct age

VS. A15



The correct

1. PLACE OF DI COUNTY

5. SEX: Male

10a. USUAL OC

13. FATHER'S N William

15. WAS DECEASE (Yes, no, or unk.) No

I. DISEASES OF

INJURY

CITY (If outs OR and giv HOSPITAL O INSTITUTION STREET ADD 3. NAME OF DECEASED: (Type or Print

WRITE age is es

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PLEA

MARYLAND STATE DEPARTMENT 7472 CERTIFICATE	NT OF HEALTH—BALTIMORE, 18 7458 E OF DEATH Reg. Dist. No.
OUNTY MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md., COUNTY
ITY (If outside corporate limits, write RURAL and give nearest town) OWN OWINGS Mills Md. LENGTH OF STAY (in this place) SPITAL OR OSPITAL OR OSPITAL OR OSPITALOR TREET ADDRESS Featherbed Lane	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN () Wings Mills Md STREET (If rural, give location) ADDRESS Featherbed Lane
AME OF (First) (Middle) ECEASED: Type or Print) John Johnson	(Last) 4. DATE (Month) (Day) (Year) OF DEATH: Aug. 20, 19595
ex: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED, 3/21	of BIRTH: 9. AGE last birthday: If UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
usual occupation (Give kind of work done during most of working life, even if retireHandyman 10b. KIND OF BUSINESS OF INDUSTRY: Udd Jobes	R 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY? Cuba Marvland U.S.A.
FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
illiam Johnson	Mary Foote
no. or unk.) (If Yes, give war or dates of	rs.Louise Gee-Featherbed Lane
ISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	ENTIFICATION INTERVAL BETWEEN ONSET AND DEATH 24 HPS CAECUM 4-6 Mos.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	CAECUM 4-6 MOS.

	DUE TO	
Antecedent cause(s)	(b) CARCINOMA CAECUM	0
Diseases or conditions, if any,	(b)	
giving rise to the above cause	DUE TO	

II. OTHER SIGNIFICANT CONDITIONS:
Conditions contributing to the death but not related to the disease or condition causing death //Rom Bus LEFT LEG REQUIRING ANOUTHOUT 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION:

Not while

at work

20. AUTOPSY? Yes No

CARC/NOMP CAR PLACE (Home, farm, factory, street, 21. ACCIDENT SUICIDE OF HOMICIDE INJURY TIME (Month) (Day) (Year)

office bldg., etc.) (Hour) INJURY OCCURRED

While at

work

(CITY OR TOWN) HOW DID INJURY OCCUR?

(STATE) (COUNTY)

22. I hereby certify that I attended the deceased from AuG. ... 8., 19.55..., to. Au. 6,20 1955..., that I last saw the deceased

alive on D.U.G., 19.55., and that death occurred at \$1.00 P.m., from the causes and on the date stated above. SIGNATUR (DEGREE OR TITLE) ADDRESS DATE SIGNED

23. BURIAL, CREMATION NAME OF CEMETERY OR OREMATORY REMOVAL (Specify): Cemetery

EMATORY | LOCATION (City, town, or county) Balto. Md

(State) ADDRESS

DATE REC'D BY LOCAL 24. FUNERAL DIRECTOR Holland Funeral Home.

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litario de Malifera della collicione della collicione della collectione dell'addispersionale della gligate della collicione della collectione de

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Santa and the sa

VS. A15

MARYLAND STATE DEPARTMEN	T OF HEALTH—BALTIMORE, 18	7459
7473 CERTIFICATE	E OF DEATH	35
Item 14, FilmG185 8-31-55 et	Reg. Dist.	No
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Baltimore MARYLAND	STATE MAYY/AND COUNT	
OR and give nearest town) TOWN CITY (If outside corporate limits, write RURAL LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and TOWN FAKKTOM Free AND	d give nearest town)
HOSPITAL OR BECK/EYVI/LE ROAD NEAT TO STREET ADDRESS MiddleTown Road	ADDRESS Beckleyville Town Coarse	ar 1
3. NAME OF DECEASED: (Type or Print) Charles (Middle)	(Last) 4. DATE (Month) (Day) 6 ENSEN DEATH: 709	(Year)
5. SEX: S. COLOR OR RACE: NINGLE, MARRIED, S. DATE WIDOWED, DIVORCED, Specify) MAYRIED VANCE	OF BIRTH: 9. AGE last birthday: IF UNDER 1 YE. Months Day	
10m. USUAL OCCUPATION Give kind of 10b. KIND OF BUSINESS OF work done during most of working life, INDUSTRY:	2 11. BIRTHPLACE (State or foreign country): 12. C	OUNTRY?
Experimental Engineer Transformer Mfg. Co	14. MOTHER'S MAIDEN NAME:	
15 WAS DECEASED EVER IN U.S. AMMED FORCES? 16. SOCIAL SECURITY No.: 17.	Christence Jorgensen INFORMANT & ADDRESS:	
(Yes, no or unk.) (If Yes, give war or dates of 328-09-8040 M	rs. C.O. Jorgensen, Parkton,	Nd.
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Interval Between Onset And Death
Immediate cause (a) Lorona	my Oceclusion	2 his.
Antecedent causes (s)	(
Diseases or conditions, if any, (b)		•••••••
stating the underlying cause last. DUE TO		3 7 7 7 1 1 1 1
11. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY ?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY) (ST	Yes No D
TIME (Month) (Day) (Year) (Hour) INJURY OCCURED While at Not While INJURY m. Work At Work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 17	1955, to aug. 17 , 1955, that I last s	saw the deceased
alive on 1, 1953, and that death occurred at	from the causes and on the date s	
23. BURIAL, CREMATION, DATE THEREOF I NAME OF CEMETER	farton hid 8/1	7/5-3- ntv) (State)
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER REMOVAL (Specify) June 18, 1955 Carmondy F	RY OR CREMATORY LOCATION (City, town, or country Black town I	//. (State)
	24. FUNERAL DIRECTOR	ADDRESS
Mirg. 22, 1955 Mrs. Noward Markline	John purmo some, Tros	m, Med.
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VNG 23 1955

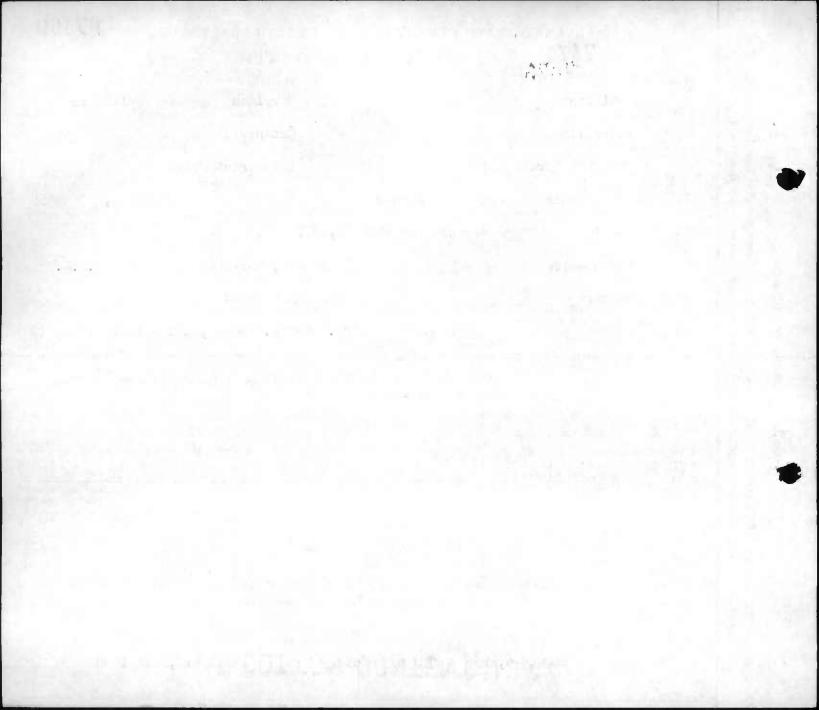


correct age is especially important. Physicians: please write the causes of death clearly and legibly.

The

07460 MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 7474 CERTIFICATE OF DEATH

	teg, bist, no.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Baltimore MARYLAND	STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Catonsville	CITY(If outside corporate limits, write RURAL and give nearest tow OR TOWN Catonsville
HOSPITAL OR INSTITUTION OR STREET ADDRESS 101 Forest Drive	STREET (If rural give location) ADDRESS 101 Forest Drive
3. NAME OF (First) (Middle) DECEASED: (Type or Print) Bessie Jane Joynes	(Last) 4. DATE (Month) (Day) (Year) OF DEATH: August 4, 19 55
5. SEX: 6. COLOR OR 7. SINGLE. MARRIED. 8. DATE WIDOWED, DIVORCED. (Specify): Widowed January	y 10,1877 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HAU Months Days Hours Min
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY? Baltimore, Maryland U.S.A.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
James Fenimore	Catherine Wood
(Yes, no, or unk.) (If Yes, give war or dates of service) NONE	Mrs. Rhea L. Thomas, 101 Forest Drive (28
IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N 20. AUTOPSYT
21A. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	ctory, 21c. WHERE DID (City or town) (County) (State), etc. INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from/?. alive on August 3 . 1957, and that death occurred at SIGNATURE Town a Leable 1.	
23. BURAL, CREMATION. DATE THEREOF NAME OF CEMET REMOVAL (SPECIFY) Burial August 6,1955 Oaklawn Cemet Cem	metery Baltimore, Maryland
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS



MARYLAND STATE DEPARTMENT OF HEALTH

7475

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No..

1. PLACE OF DEATH COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	,
	Md 13a1+0	
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town), (in, this place)	CITY (If outside corporate limits, write RURAL and giv	e nearest town)
TOWN Middle Kiver Life	TOWN Widdle River	Ellm
HOSPITAL OR INSTITUTION OR DAY	STREET (If rural, give location)	1
STREET ADDRESS R+ 16-Boy 681. Balto 20	R+16 B0 + 681 Balto	20 Md
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) ANNA	Mahl DEATH Aug	20 1955
6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	S. DATE OF BIRTH 9. AGE last hirthday Nunder Months	I year III under 24 hra.
TAMALE IVIA, TE Specify Marriad	March 17-1915 40 yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12	CITIZEN OF WHAT
Housewife ATHOME	14. MOTHER'S MAIDEN NAME	COUNTRY! CL
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Michael Hoblik	Agatha Nevrla	
15. Was DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of	17. INFORMANT AND ADDRESS	Ba 1+0,20
No Iservice) None	Mr James S. Kahl. R+16-Bo	x681 sid
18. MEDICAL CE	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
193X Immediate cause (a) Plioblaston	a Renet Land	41
Immediate cause (a)		Tunck
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	tol love of brain	## 00 00 00 * + + + And And + - Orlino residence (no) rand 0 - MAND
(c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
192. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
Vegue 1955 Jame on "a" a	bwe	Yes D No B
ZI. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not While INJURY m. Work At work		
THOUSE THE PARTY OF THE PARTY O	7	
	, 19, to, 19, that I last se	
alive on, 19, and that death occurred at	P.m., from the causes and on the date sta	ated above.
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
1. lendrew Clecce, he	D Rover 16 Pax 17 - for	ez - 20, and
	RY OR CREMATORY LOCATION (City, town, or count	y) (State)
Burial (Specify) 8/24/55 Belair 1	van gardens Harf	rdely ud
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	2 FUNERAL DIRECTOR	ADDRESS
REG. 7-26-5 Caid Shirley	Lassalm Funeral Home 7401. K	Belan Rd

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

Dr Alaces Pulaski Hwy 18+ Blue to bles & Farmers met 2 .V UARAUS 2361 OE 9NY

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USUAL RESIDENCE

Reg. Dist. No. .. (HOME)

1.	PLACE OF DEATH:	2.	ι
	COUNTY BALTIMORE MARYLAND		5
X	CITY (If outside corporate limits, write RURAL LENGTH OF STAY (in this place) TOWN RURAL HAYWOOD HEIGHT. 77 RS.		1
70	HOSPITAL OR INSTITUTION OR STREET ADDRESS 3418 FLANNERY HANG		9 4
3.	NAME OF (First) (Middle) (DECEASED: (Type or Print) DENNIS	PA.	-
5.	SEX: 6. COLOR OR 7. SINGLE, MARRIED. 8. DATE WIDOWED, DIVORCED, (Specify) RRE	OF 12	9
01	IGUAL OCCUPATION (Give hind of) Alex MINE OF BUGINESS /	1.0	977

and give nearest town) TREET location) ADDRESS

(Day) DATE (Year) OF DEATH 19 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours

(State or foreign country):

work done during most even if

MAIDEN NAME

15. WAS DECEASED EVER IN U.S. or unk.) (If Yes, give war or dates of - service)

16. SOCIAL SECURITY NO

MEDICAL CERTIFICATION DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

WHAT

12. CITIZEN OF

CQUNTRY?

IMMEDIATE CAUSE ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION:

20. AUTOPSY? YES [

21A. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21c. WHERE DID (City or town) INJURY OCCUR?

(County) (State)

(IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) OF TNJURY

21E INJURY OCCURRED While Not while at work at work

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from . NOVIIV, 1957, to AUGUST 1955 that I last saw the deceased alive on AUGUST SIGNATURE ADDRESS DATE SIGNED

OREMATION PHEREOF BURIAL BEMOVAL (SPECIFY)

OF

DATE REC'D LOCAL REGISTRAR

10 A15 S

MANUAND DEK HARTER FOR KAKE - WIFE UPEMIR HYPERTENSIVE CHOWS WASCULLE REMAIN STEVED The frank is the first of the f THE SECOND OF THE PARTY HOUSE SHE SHEET A SHEET AND SHEE Paris Comp North Medition Stratum fallife the - Affille Kingrams " " Refer to The Told

7477

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

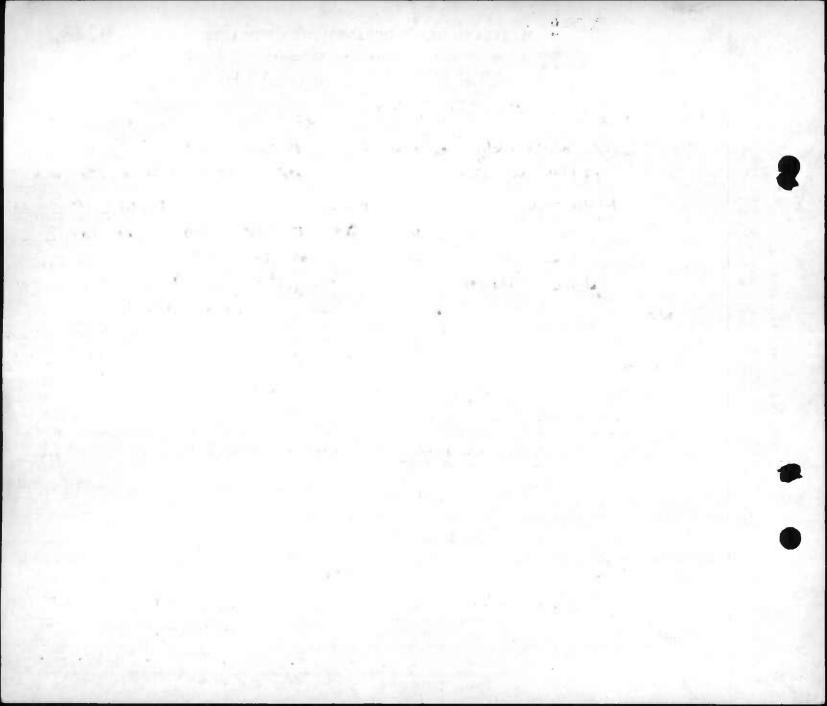
I. PLACE OF DEATH	LOUT HOLL			(HOME) OF DECEASED	OUNTY
CITY (If outside e	orporate limits, write RUI	MARYLAND RAL and LENGTH OF STAY	CITY (II) extends come	orate limits, write RURAL	walken will
X OR give nearest		Gty (in this place)	OR TOWN Balto		3 Val-4
HOSPITAL OR INSTITUTION OF STREET ADDRESS	ss 19 Harris	n ave.	STREET ADDRESS &.	Eleuro & Sc.	
3. NAME OF	(First)	(Middle)	(Last)	4. DATE (Mon	
(Type or Print)	MYRTLE		ARL'	OF DEATH AU	6. 26 1955
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	SERT. 10, 1684	70 yrs.	If under 1 year If under 24 hrs. Months Days Hours Min.
done during most of p	ATION (Give kind of work yorking life, even if retired)	10h. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State		12. CITIZEN OF WEAT COUNTRY?
13. FATHER'S NAM	DOHN]	DURM	14. MOTHER'S MAIDE	N NAME O KATA	ering carson
	VER IN U.S. ARMED FORCE	8? 16. SOCIAL SECURITY NO.	I7. INFORMANT	70.000	0
(res, no, or unknown)	(If yes, give war or dates service)	oi :	-20N. [leroy Kar	il
		18. MEDICAL CE	RTIFICATION		T
I. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
260X.		Cordra vasc	.Oal Gari	(). T	12 600.
Immedia	te cause (a)	(D) (S) (7) (N) (N)	ocur sece	XL-L	14 23
Diseases or	nt cause(s) conditions, if any, (b)	Lypertense	e Cordino	ocalar du	- Several
	o the above cause inderlying cause last	Dislectes			Deveral
	(c)	~ ca~ -			yea.
Conditions contribu	CANT CONDITIONS uting to the death but not se or condition causing dea	in Deneralized	arterioscle	Posis.	Savial gra.
19a. DATE OF OPE	RATION 19h. MAJOR	FINDINGS OF OPERATION			20. AUTOPSY?
THE AGOVEDINAM	(3 11)	OF 711		Market Land	Yes No
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJ	CE (Home, farm, factory, street, office bldg., etc.) URY	(CITY OR	TOWN) (CO	UNTY) (STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY O	CCUR?	
		80	11 1	10	
22. I hereby certi	ify that I attended th	e deceased from	7., 19.33., to	19.3., that I	last saw the deceased
alive on	19.55 ar	d that death occurred at!	2:45 8. m from the	a causees and on the d	ate stated above
SIGNATURE	\bigcirc	(Degree or title)	ADDRÉSS	o causes and on the d	DATE SIGNED
	g. Rott,	my . 4348	astern are	Essel mo.	2/28/13
23. BURIAL, CREM. REMOVAL (Spec	ATION DATE THERE also al,	of NAME OF CEMETE	RY OR CREMATORY	LOCATION (City, town,	requirie nd (State)
DATE REC'D BY		SIGNATURE	24. FUNERAL DIRECT		Palto Dress.
					70

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. VS. A15

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MARGIN

ARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL	EXAMINER'S	CERTIFIC	ATE C	F D	EATH	No
PLACE OF DEATH:	_	2. USUAL F	RESIDENCE (H	OME) OF D	ECEASED:	
COUNTY BALT	MARY	AND STATE	NID	COUNTY		

COUNTY JANTO

MARYLAND

CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town)

HOSPITAL OR INSTITUTION OR

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN BALTO. 3 V 0 / - 4

STREET (If rural, give location)

INSTITUTION OR STREET ADDRESS //O49. KENWOOD AVE.

3. NAME OF DECEASED: (First) (Middle) (Last) (Month) (Day) (Year)

SEP (Type or Print) DEATH COLOR OR 7. SINGLE, MARRIED. 8. DATE OF BIRTH: 9. AGE last birthday: IF UNDER I YEAR | IF UNDER 24 HRS WIDOWED, DIVORCED, RACE: Months Hours (Specify) nIVA & C 10b. KIND OF BUSINESS OR 10a. USUAL OCCUPATION (Give kind of (State or foreign country): 12. CITIZEN OF WHAT INDUSTRY: COUNTRY?

work done during most of work life, even if retired): PLASTERER

13. FATHER'S NAME:

14. MOTHER'S MAIDEN NAME:

MICHAEL KARWACKI ANNA B. PANOWIG

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) DROWNING

INTERVAL BETWEEN
ONSET AND DEATH

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE

DISEASE OR CONDITION CAUSING DEATH.

198. DATE OF OPERATION: 199. MAJOR FINDING OF OPERATION:

20. AUTOPSYZ

ADDRESS

21a. EXTERNAL CAUSE WAS | 21b. PLACE (Home, farm, factory,

Co nul-

211. HOW DID INJURY OCCUR?

Alurea PARK-

22. I hereby certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and find that death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause .

23. BURIAL, CREMATION, DATE THEREOF REMOVAL (Specify): AUR 24/5

TE THEREOF NAME OF CEMETERY OR CREMATORY

DEPUTY MEDICAL EXAMINER
ASSISTANT MEDICAL EXAM.

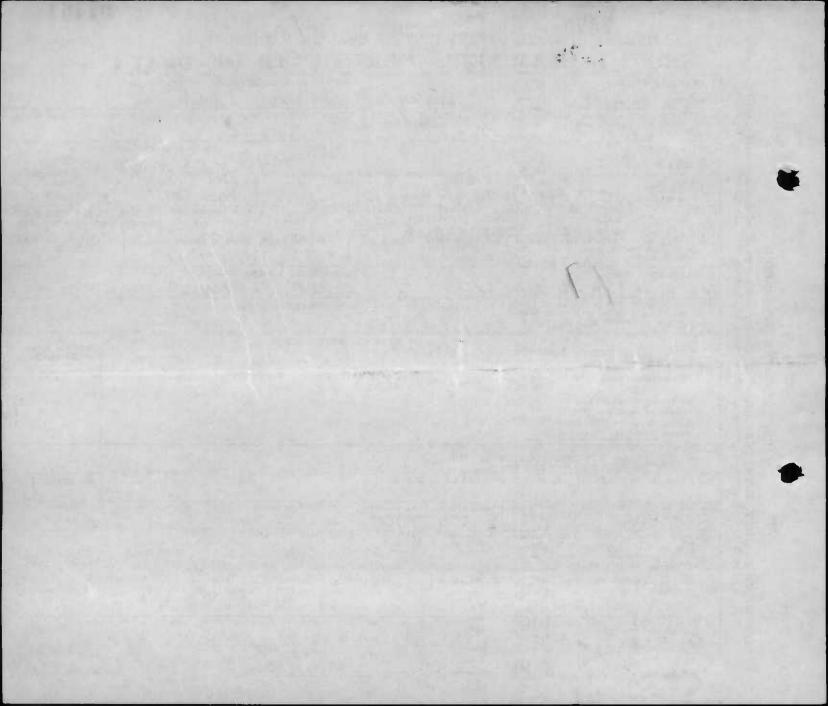
ATORY | LOCATION (City, town, or county)

DATE REC'D BY LOCAL REGISTRAR'S/SIGNATURE

24. FUNERAL DIRECTOR

Ballo. 24 - Mg

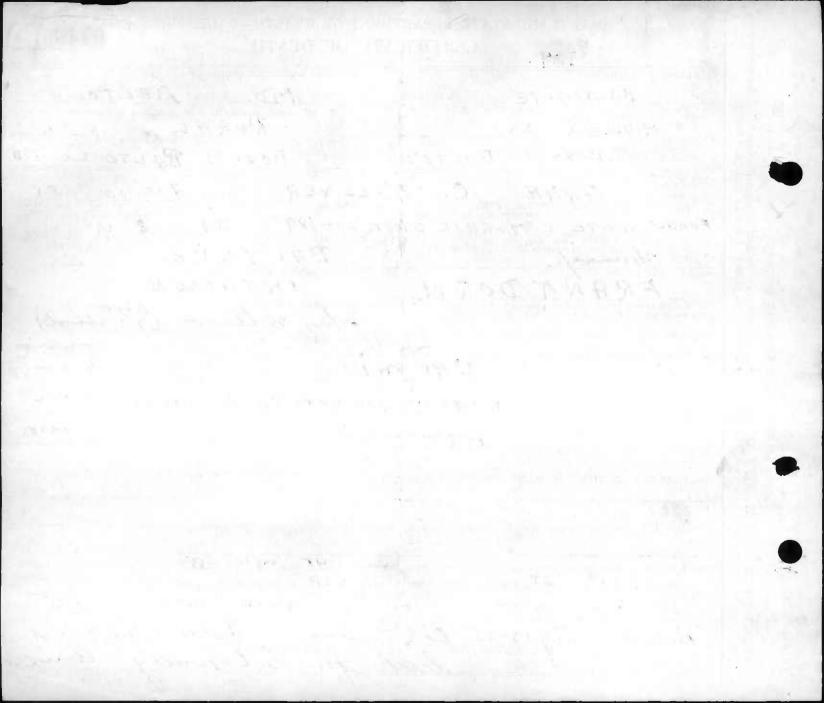
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VS. A15

MARYLAND STATE DEPARTMEN	NT OF HEALTH—BALTIMORE, 18	0710-
7479 CERTIFICATI	E OF DEATH Reg. Dist	No. 1400
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY BALTIMORE MARYLAND	STATE MD. COUNTY BAL	To.
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN MIDDLE RIVER LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and OR TOWN RURAL AND RESERVED RESERV	nd give nearest town)
HOSPITAL OR INSTITUTION OR BOX481 BALTO20	STREET ADDRESS BOX 481 BALT	- M2
8. NAME OF (First) (Middle) (Cype or Print) ANNA C. ME	(Last) LLNER OF DEATH: AUG. /	0 19 5
Fenale WHITE 7. SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED, WHITE STARRED, NOV.	20-1895 59 yrs. Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if the local state of working life, even if the local state of life working life working life.	BALTO, CO.	12. CITIZEN OF WHA COUNTRY?
FRANT DORIV	14. MOTHER'S MAIDEN NAME: UNKKOWKI	
15. WAS DECEASED EVER IN U.S. ARMED FORCES ? 16. SOCIAL SECURITY No.: 17. (Yes, no, or unk.) (If Yes, give war or dates of service)	John Kellner (7th	sband)
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 18. MEDICAL 19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 18. MEDICAL 18. MEDICAL 18. MEDICAL 19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	CERTIFICATION A	INTERVAL BETWEEN ONSET AND DEATH
Antecedent cause(s)	omerular Nephritis	8 years
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c)		1042095
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION:		20. AUTOPSY? Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street OF office bldg., etc.) HOMICIDE INJURY	t, (CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while INJURY M. work at work	HOW DID INJURY OCCUR?	
alive on 1955, and that death occurred at SIGNATURE (DEGREE OR TITE	11.2.3. P.m., from the causes and on the dat	
Denville (Secity): Cong 13-55 Ork Ko	TRY OR CREMATORY LOGATION (City, town, or Castern Bloom	county) (State)
DATE REC'D BY LOCAL RECUSTRAR'S SIGNATURE REG. Ja. 12.55 (3.00)	John S. Connelly	Energy
₩		



MARYLAND STATE DEPARTMENT OF HEALTH

7480

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 50 1. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY COUNTY Baltimore STATE Baltimore Maryland MARYLAND CITY (If outside corporate limits, write RURAL and LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) OR give nearest town) Catonsville Catonsville TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS STREET (If rural give location) ADDRESS 1011 Frederick Road 1011 Frederick Road (Middle) 3. NAME OF (Last) 4. DATE (Month) (Day) (Year) DECEASED JOHN HERMAN KERGER August 18. (Type or Print) DEATH 6. COLOR OR RACE 5. SEX 7. SINGLE, MARRIED, 8. DATE OF BIRTH 9. AGE last birthday | If under I year | If under 24 hrs. | Months | Days | Hours | Min. WIDOWED DIVORCED (Specify) Married Male White March 9.1883. 10a. USUAL OCCUPATION (Give kind of work) 11. BIRTHPLACE (State or foreign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT done during most of working life, even if retired)
Retired **Earn**ge Owner INDUSTRY COUNTRY? Maryland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Stephen M. Kerger Elizabeth Kramer 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 17. INFORMANT 1011 Frederick Road (Yes, no, winknown) (If year, give war or dates of Mrs. Mary E. Kerger, Catonsville 28, Md. None service) INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Immediate cause 422 Antecedent cause(s) eart Disease Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY Yes | 21. ACCIDENT PLACE (Home, farm, factory, street, (CITY OR TOWN) (Specify) (COUNTY) OF office bldg., etc.) SUICIDE INJURY HOMICIDE TIME (Month) INJURY OCCURRED HOW DID INJURY OCCUR? (Day) (Year) (Hour) While at Not While INJURY Work At work 22. I hereby certify that I attended the deceased from...... 19....., to...., 19....., that I last saw the deceased alive on..... (Degree or title) SIGNATURE DATE SIGNED 23. BURIAL, CREMATION NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) DATE REMOVAL (Specify) St. Mary's Cemetery Ilchester, Maryland. Aug. 22,1955. REGISTRAR'S SIGNATURE DATE REC'D BY 24. JUNERAL DIRECTOR REG. C

death clearly an MARGIN RESERVED FOR BINDING Supply every item write the causes of o , WITH UNFADING INK. important. Physicians: please

PLAINLY, s especially i

WRITE

PLEASE

ion carefully.

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BUREAU V. S.

VNG 53 1822

BECEINED

7431

CERTIFICATE OF DEATH

Reg. Dist. No.

(Dav)

legibly. 1. PLACE OF DEATH: BALTIMORE COUNTY (If outside corporate limits, write RURAL) LENGTH OF STAY and OR and give nearest town) information V TOWN FORT HOWARD

5. SEX:

>

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death

of

Q.

Se ea

Jo

item

MARYLAND (in this place)

DAYS

STREET ADDRETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED

MARYLAND COUNTY CITY(If outside corporate limits, write RURAL and give nearest town)

4. DATE (Month)

TOWN BALTIMORE (DUNDALK) STREET

(if rural give location) ADDRESS YARDLEY DRIVE

3. NAME OF (Middle) DECEASED MELVIN (Type or Print)

COLOR OR 7.

L. SINGLE, MARRIED. WIDOWED, DIVORCED. (Specify) MARRIOD

KING 8. DATE OF BIRTH:

(Last)

DEATH: AUGUST 9. AGE last birthday IF UNDER I YEAR Months Hours

MALE IOA. USUAL OCCUPATION (Give kind of . KIND OF BUSINESS work done during most of working life. even if retired) MACHINIST OR INDUSTRY: ESSKAY PACKERS

WILSON COUNTY, VIRGINIA 14. MOTHER'S MAIDEN NAME

11. BIRTHPLACE (State or foreign country): | 12. CITIZEN OF WHAT U.S. A.

13. FATHER'S NAME:

HOSPITAL OR

INSTITUTION OR

HARNEY KING

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or wik.) (If Yes, give war or dates

RACE:

16. SOCIAL SECURITY NO

CORA MN: UNKNOWN

17. INFORMANT & ADDRESS:

of service PEACE TIME

18. MEDICAL CERTIFICATION

CLIN.REC. VET.ADM.HOSP.FT.HOWARD.MD.

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

(Year)

MMEDIATE CAUSE

26003

PURULENT BRONCHIECTASIS, BILATERAL ALL LOBES

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

PULMONARY EMPHYSEMA (B) 10000

YRS.

(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING

ATELECTASIS, LOWER LOBES

UNKNOWN

TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH

KINKED URETER WITH HYDROPELVIS RIGHT

UNK NOWN 20. AUTOPSY?

NO

Resection, cysts of left lung Resection, cysts of right lung

REGISTRAR'S SIGNATURE

21a. ACCIDENT WAS UNDERLYING | 21s. PLACE (Home, farm, factory. 21c. WHERE DID (City or town) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR?

(State)

(County)

(IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

DATE REC'D BY LOCAL

REGISTRAR

21E INJURY OCCURRED While Not while at work at work

21F. HOW DID INJURY OCCUR?

22. I hereby certify that attended the deceased from MAY 13 , 155 , to AUG. 26 , 155 , AXXIVILLE CONTROL OF THE

SIGNATURE ADDRESS DATE SIGNED IRVING FREEMAN, M.D. 23. BURIAL, CREMATION, D. M. D. VAH, FORT HOWARD, MARYLAND 8-26-55 DATE THEREOF

BURIAL (SPECIFY) 8-29-55 BALTIMORE NATIONAL CEMETERY BALTIMORE, MARYLAND

> ULLRICH FUNERAL HOME, 2112 DUNDALR AVE. DUNDALK 22. MARYLAND (BALTIMORE)

Supply Wr 0 Z pl I Physicians Z importar INL V especially P WRIT 5 2 0 age (2) TYP] 6 W 国

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

I. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	Md 130140
OR give nearest town) (in, this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR
HOSPITAL OR	STREET (If rural, give location)
TO INSTITUTION OR STREET ADDRESS COTTOIL MANOY Rd	ADDRESS Carroll Marroy Rd
3. NAME OF (Rirst) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
DECEASED (Type or Print)	Mass DEATH Aug 16 1955
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8 DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hrs.
Tenale White (Specify) Widow	Vec 31-18/31 8/ yrs.
done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
- Liegenhein	Elizabeth Miller
15. WAS DECRASED EVER IN U.S. ARMED FRCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
(Yes, no, or unknown) (If yes, give war or flates of service)	My Walter Klass. 8808 pld Hor Ford
18. MEDICAL CER	RTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATE
23 Win bonela el 3	Heronopha 10 has
33/X Immediate cause	Y. C. F. F. H. M. C.
Antecedent cause(s) Diseases or conditions, if any, (b)	Esons of one
giving rise to the above cause stating the underlying cause last	
(c)	α
H. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	
related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY) (STATE)
SUICIDE OF office bidg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?
INJURY m. Work At work	
22. I hereby certify that I attended the deceased from MAM.	1917 taus 14 1935 that I lest saw the deceased
	20 -
alive of Alicana, 19, 19, and that death occurred at Signature. (Degree or title)	APDRESSm., from the causes and on the date stated above.
HOHE TO Home the	DATE SIGNED
23. BURIAL CREMATION DATE THEREOF LNAME OF CEMEZER	JULIANOM UN7/7-50
DENIOVAL (Specify) , 8/19/1- TO	(5000)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	FUNERAL DIRECTOR ADDRESS
REG. M. Hausmel	Lassalm Francial Home 7401 Balain Pd
	The state of the s

The correct age PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Doldannett

BUREAU V. S.

AUG 22 1955

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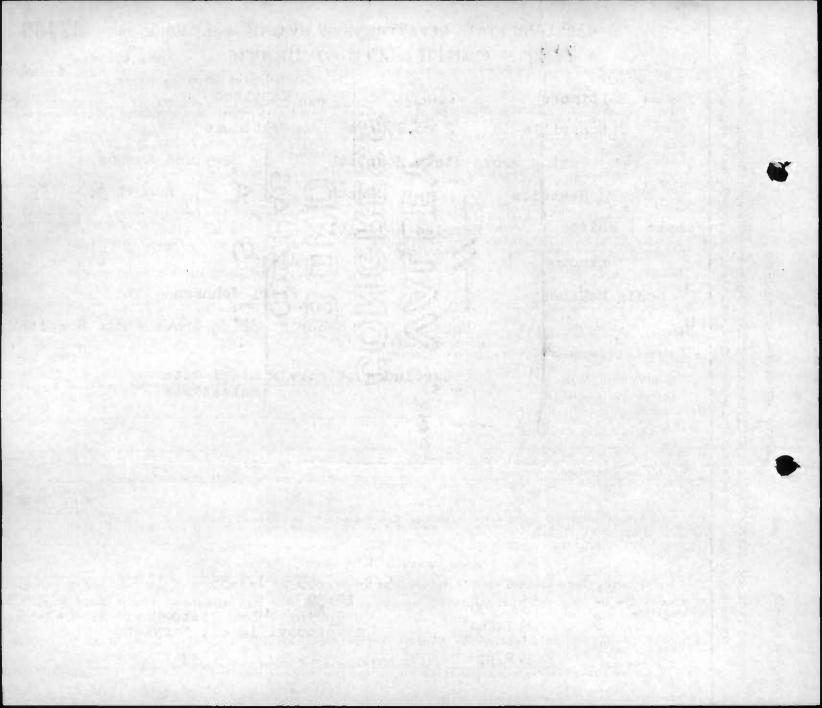
1483	CERTIFICATI	E OF DEA	TH	Reg. Dist	. No.	
I. PLACE OF DEATH:			ENCE (HOME) OF	DECEASE	D:	
COUNTY Baltimore	MARYLAND	STATE Mar	yland COUNT	v /	and a finite	-
CITY (If outside corporate limits, write R	URAL LENGTH OF STAY 2 mo 250ay	CITY(If outside OR TOWN Bal	corporate limits, wri	te RURAL	and give neare	est town
HOSPITAL OR INSTITUTION OR JUSTREET ADDRESS Spring Grov	ve State Hospi	STREET ADDRESS 1	7 Maryland	Avenu		1
3. NAME OF (First) DECEASED: (Type or Print) Beatrice	(Middle)	(Last)	4. DATE (Mo	ugust	Day) (Y	55
5. SEX: 6. COLOR OR 7, SINGLE, WIDOWS		OF BIRTH:	9. AGE last birthday 12 yrs.		YEAR IF UNDER	R 24 HRS. Min.
	B. KIND OF BUSINESS OR INDUSTRY:	Indian	(State or foreign cour	ntry): 12.	CITIZEN OF COUNTRY?	WHAT
13. FATHER'S NAME:		14. MOTHER'S N				
Louis McNabney			1 Johnson			
(Yes, no, or unk.) (If Yes, give war or dates	16. SOCIAL SECURITY NO.	17. INFORMANT		0.	**	
No of service)	Unknown	Records 5	pring Grov	e Stat	te Hosp	ital
DISEASES OR CONDITIONS, IF ANY,	OUE TO (B) OUE TO (C) OUTRIBUTING THE	of cervix	metastases			
	FINDINGS OF OPERATIO	N			20. AUT	OPSY?
					YES	но 🔼
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	B. PLACE (Home, farm, fac INJURY atreet, office bldg.,	tory. 21c. WHERE INJURY OCCU	DID (City or town) JR?	(Coun	ty) (S	tate)
2ID. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	While Not while at work at work	21F. HOW DID	INJURY OCCUR?			
22. I hereby certify that I attended the alive on 8-3-, 1955, and SIGNATURE 9. Wachele 23. BURIAL, CREMATION, DATE THEREORY REMOVAL (SPECIFY)	that death occurred at	10:391, from	bve State le 28. Mar	the date Hosph	stated above	ve.
DATE REC'D BY LOCAL REGISTRAR'S REGISTRAR	SIGNATURE	24. FUNERAL Welling Jr	DIRECTOR Hane 2	40	ADDRESS	2 aug

WITH UNFADING INK. Supply every item of information carefully. ARGIN RESERVED FOR BINDING PLEASE TYPE OR WRITE PLAINLY,

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

The

A15-V.S.



write the causes of death elearly and legibly.

Physicians: please

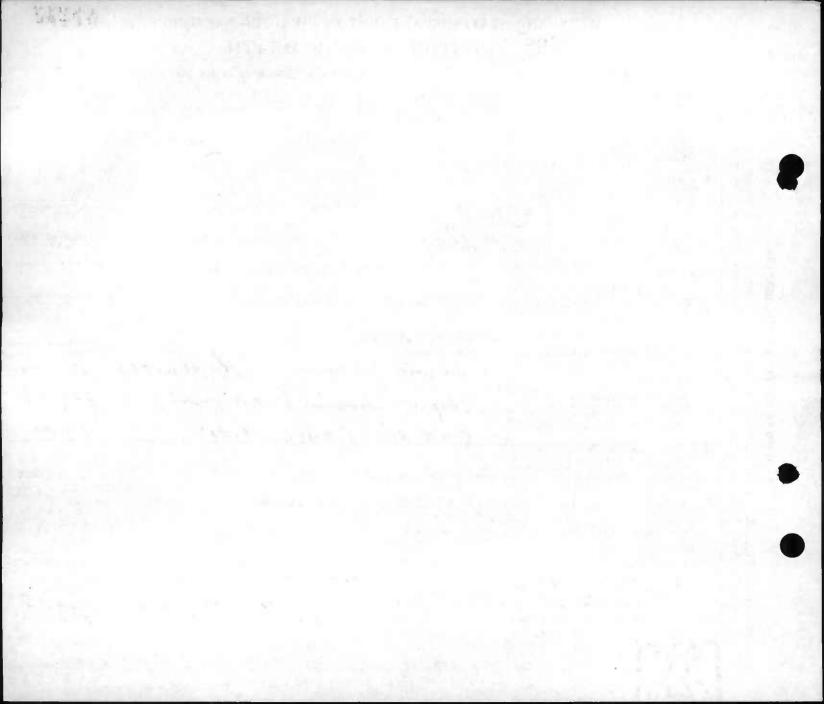
age is especially important.

PLEASE WRITE PLAINLY, WITH

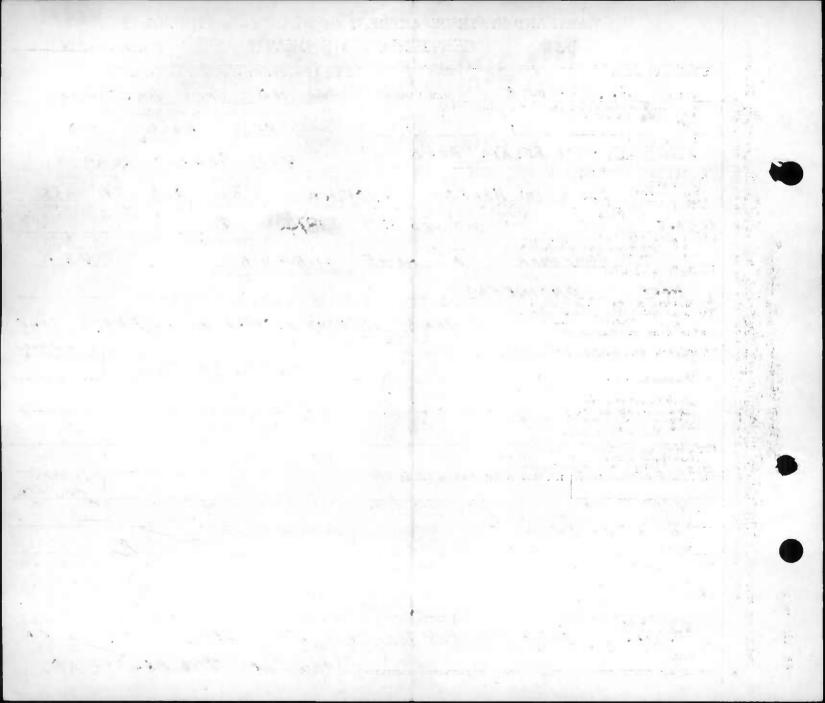
07470

*935 CERTIFICAT	Reg. D	ist. No
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	1
COUNTY Baltimore MARYLAND	STATE Maryland co	DUNTY Baltimore
CITY (If outside corporate limits, write RURAL CINGTH OF STA OR and give nearest town) TOWN Dundalk	Y CITY (If outside corporate limits, write RURA OR TOWN Dundalk	L and give nearest town
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7400 German Hill Road	STREET (If rural give local ADDRESS 7400 German Hill Rose	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (OF DEATH: August 1.9	(Day) (Year) 9, 195 5 9
Female White Widowed, Divorced, (Specify): Married No.	v. 10, 1897 9. AGE last birthday: If UNDER Months	Days Hours Min.
work done during most of working life, even if retired): At hone	OR 11. BIRTHPLACE (State or foreign country): Maryland	U.S.A.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
John Vogel	Caroline Rettman	
15 WAS DECEASED EVER IN U.S.ARMEO FORCES! 16. SOCIAL SECURITY No.: I (Yes, no, or unk.) (If Yes, give war or dates of service)	7. INFORMANT & ADDRESS: Herman Koch 7400 German Hill Ro	oad
Is. MEDICAL CERTIFICATION OF THE PROPERTY OF T	Cholecystitis	Interval Between Onset And Des 5 Years 10 Years
	Cholecystitis	1 years
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY
21. ACCIDENT (Specify) PLACE (Home, farm, factory, stre OF office bldg., etc.)	cet, (CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURED While at Not While INJURY m.	HOW DID INJURY OCCUR?	
alive on 19, 1955, and that death occurred at A SIGNATURE (Degree or sitle) 23. BURAL CREMATION, DATE THEREOF NAME OF CEMET BEMOVAL (Specify) Aug. 23, 1955 Sacred Hea	ADDRESS ON OUT BINT Eq. PERY OR CREMATORY LOCATION (City, town, or	DATE SIGNED
REGISTRAR 30/55 / 1/1- Reclus	Ullrich Funeral Home 4210 Bels	eir Road.

A15 VS.



correct	7484 CERTIFICATE OF DEATH Reg. Dist. 1	No. 40
	I. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED:	
, å.	COUNTY BALTIMORE MARYLAND STATE MD COUNTY BALT.	
	CITY (If outside corporate limits, write RURAL LENGTH OF STAY CATTLE OF STAY	
fall M	OR and give nearest town) (in this place) OR OR	M/D
sand legibly.	HOSPITAL OR (If rural give location)	1112 X
ar	OF STREET ADDRESS 8911 BELAIR ROAD ADDRESS 8911 BELAIR ROAD	04)
of information death clearly	3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day)	(Year)
clea	DECEASED: (Type or Print) FLL A (09) HELENA KUDIRKA DEATH: AUG 31	1955
4年	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF BIRTH: 9. AGE last birthday: IF UNDER 1.	
dea dea	FEMALE WHITE (Specify): WIDOWED SEPT 1874 80 yrs.	ays Hours M
of m	10s. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country): 12	CITIZEN OF WI
olive ite	even if retired): HOUSE WORK AT HOME LITHUANIA	U.S.A.
OR BINDING y every item the causes of	13. FATHER'S NAME:	
eve eve	HESE ONDINEKAS	
FOR pply e	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.: 17. INFORMANT & ADDRESS: (Yes, no, or unk.) (If Yes, give war or dates of service)	
und 0	NOWE MILLION YOURKA 8411 SE CA	IR ROA
ARGIN RESERVED UNFADING INK. Su Physicians: please wi	18. MEDICAL CERTIFICATION L DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	INTERVAL BETWE
ERVE INK.	492x Consorting least failure a cute	I dose
ESE C	Immediate cause (a) DUE TO	
IARGIN RE UNFADING Physicians:	Antecedent cause(s) Cold - Wal Meures were	2 da
AIN	Diseases or conditions, if any, giving rise to the above cause DUE TO	
JNI	stating underlying cause last (c)	
land.	II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not	
tari	related to the disease or condition causing death. 19a, DATE OF OPERATION: 19b, MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
T \≥ od	July Dill of Or District.	Yes \ No
PLAINLY, WITH especially important.	21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office bldg., etc.) (CITY OR TOWN) (COUNTY)	STATE)
- INI	HOMICIDE INJURY	
LA	TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not while INJURY M. work at work	
P P S P		w the decess
WRITE age is es	22. I hereby certify that I attended the deceased from	stated above
V.R.	SIGNATURE (DEGREE OR TITLE) ADDRESS	DATE SIGNE
	Lee glue C. Baumann, M. D. Megult 31	11955
S. A15 8 PLEASE	23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or coursely):	inty) (State
A1	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE ALL FUNERAL DIRECTOR	ADDRESS
VS.	REG. BI-57 Kell Reduct Nephel Burg 7110 BELAT	R RD
	· Down	



7485

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

07472

FOR MEDICAL EXAMINERS Reg. Dist. No ... I. PLACE OF DEATH-2. USUAL RESIDENCE (HOME) OF DECEASED. STATE md. MARYLAND OR give nearest town) LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) (In this place) TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS 4 STREET (If rural, give location) 3. NAME OF (Middle) 4. DATE (Month) (Day) (Year) DECEASED (Type or Print) DEATH 7. SINGLY, MARRIED, WIDOWED, DIVORCED, (Specify) 8. DATE OF BIR 9. AGE last birthday | If under 1 year | If under 24 hrs Months | Days | Hours | Min. 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR II. BARTHPLACE (State or foreign country) 12. CITIZEN OF WHAT done Dring most of working life, even if retired) COUNTRY? 13. FATHER'S NAME anvio 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) | (If yes, give war or dates of 18. MEDICAL CERTIFICATION ANTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY KENDING TO DEATH ONSET AND DEATH Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21. EXTERNAL CAUSE WAS PLACE (Hnme, farm, factory, street, (CITY OR TOWN) (COUNTY) (STATE) PRIMARY OR CONTRIBUTING office bidg., etc.) CAUSE OF DEATH. INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR? While at Not while INJURY work at work 22. I certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry Thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes accident , suicide , homicide , undetermined . SIGNATURE (Degree or title) ADDRESS DATE SIGNED LNAME OF CEMETERY 23. BURIAL, CREMATION DATE THEREOF OR, CREMATORY LQCATION (City, town, or county) REMOVAL (Surity) BY LOCAL

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CERTIFICATE OF DEATH

	FOR MEDICAL	EXAMINERS	Reg. Dist. No	<i>T</i>
1. PLACE OF DEATH- COUNTY PALTO.	MARYLAND	2. USUAL RESIDENCE (HOME)	COUNTY	DACED
53 TOWN CITY (If outside corporate limits, write RURAL TOWN)	and LENGTH OF STAY (in othis place)	CITY (If outside corporate limit OR TOWN DUNDAL	K 22	nearest town) 53
HOSPITAL OR INSTITUTION OR STREET ADDRESS 104 S. NORRI	SLANE	STREET ADDRESS 104 S. A	If rural, give location)	ANE'
3. NAME OF DECEASED (Type or Print)	(Middle) Li		EATH AUG.	(Day) (Year)
MALE WHITE	SINGLE, MARRIED, WIDOWED DISOSCED, (Specify)	DEC. 17, 1879	/-> yrs.	Days Hours Min
done during mast of warking life even if retired)	Ob. KIND OF BUSINESS DE INDUSTRY		nd.	COUNTRY?
13. FATHER'S NAME CHRISTIAN L	AUB ACH		4MIDT _	
15. WAS DECEMBED EVER IN U.S. ARMED FORCES? (Yes, no, order newn) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	MRS. MABIEL WERNE	9.7	x 21, md.
1. DISEASES OR CONDITIONS DIRECTLY LE	/ /	echien		INTERVAL BETWEE ONSET AND DEATH
Antecedent cause(s) Diseases or conditions, If any, giving rise to the above cause stating the underlying cause last	7			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION 19b. MAJOR FIN	IDINGS OF OPERATION			Yes No
21. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF CAUSE OF DEATH.	(Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
OF	NJURY OCCURRED Vhile at Not while work at work	HOW DID INJURY OCCUR?		
22. I certify that I took charge of the remain obtained by said Autopsy, Inspection or I from: natural causes accident , SIGNATURE	nquiry, find that said dece suicide , homicide , (Degree or title)	ased died on the dry stated above undetermined ADDRESS Lauk. v	e, and death in my	DATE SIGNED
23. RHRIAL, CREMATION DATE THEREOF RICHINGS (SD offy) DATE REC'D BY LOCAL REGISTRAR'S SI	53 OAK A	A FUNERAL DIRECTOR	LTO. Co.	ADDRESS
FUREG. 8 1955 Therann		Walte Broke Klips	Clerc Landols	B. Myd.

PLEASE WRITE PLAINLY. WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age

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BUREAU V. S.

(Year)

Intervai Between

Onset And Death

20. AUTOPSY ?

No

(State)

Yes []

(STATE)

DATE SIGNED

ADDRESS

Hours

Reg. Dist. No.

COUNTY

(Day)

Days

COUNT

I. PLACE OF DEATH: USUAL (RESIDENCE (HOME) OF DECEASED: legibly. COUNTY MARYDAND STATE omita CITY (If outside corporate limits, write RURAL and give nearest town) CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest toyr OR (in this place) TOWN TOWN and HOSPITAL OR STREET If fural give location) INSTITUTION OR ADDRESS STREET ADDRESS clearly 3. NAME OF Middle) (Last) 4. DATE Month DECEASED: OF 012 (Type or Print) DEATH: death 8. DATE OF BIRTH 9. AGE last, birthday: IF UNDER/1 YEAR | IF UNDER 24 HRS. S. COLOR OR 7. SINGLE. MARRIED RACE WIDOWED, DIVORGED, Months (Specify): NKO II. BIRTHPLACE (State or foreign country): 12. CITEZEN/QF 10a. USUAL OCCUPATION. Give kind of 10b. KIND OF BUSINESS OR JO INDUSTRY: work done during most of working life, Stew even if retired): causes 14. MOTHER'S MAIDEN NAME: 13. FATHER'S NAME: the the 17. INFORMANT & ADDRESS: 15 WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO.: (Yes, no, or unk.) (If Yes, give war or dates of Supply write th 10 service) 18. MEDICAL CERTIFICATION I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 422 please Immediate cause (a) DUE TO ADING Antecedent causes (s) Physicians: Disesses or conditions, if any, (b) .. giving rise to the above cause stating the underlying cause last. DUE TO UNF 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. WITH portant. 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 2I. ACCIDENT (COUNTY) (Specify) PLACE (Home, farm, factory, street, (CITY OR TOWN) AINLY, imi SUICIDE OF office bidg., etc.) HOMICIDE INJURY pecially TIME (Month) (Day) (Year) (Hour) INJURY OCCURED HOW DID INJURY OCCUR? While at Not While INJURY Work | At Work PL 195, that I last saw the deceased .,19 22. I hereby certify that I attended the deceased from to 20 es WRITE ,, and that death occurred at from the causes and on the date stated above. alive on 23 (Degree or titie) SIGNATURE ADDRESS BURIAL, CREMATION, NAME OF LOCATION (City_town, or county 国 REMOYAL (Specify) 02 Burial V. DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE PLE/ REGISTRAR

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PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 0747 CERTIFICATE OF DEATH Reg Dist No 4

			neg. 1) ist. 140.
1. PLACE OF DEATH:		2. USUAL RESIDE	NCE (HOME) DE DECEA	ASED:
COUNTY BALTIMORE	MARYLAND	STATEMASSAC	HUSETTSDALL	12 58x-3
CITY (If outside corporate limits, write R	URAL LENGTH OF STAY	CITY(If outside c	orporate limits, write RURA	L and give nearest town
X TOWN FORT HOWARD	62 DAYS	TDWNBOSTON		Baltimore /
HOSPITAL OR		CTRCCT	(If rural give locat	
SOSTREET AODREVETERANS ADMINI	STRATION HOSPITAL	ADDRESS DU	DLEY STREET	1700 Rusedale S
3. NAME OF (First) DECEASED:		(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print) ELI		RENCE	DEATH: AUGUST	23 1955
5. SEX: 6. CDLDR DR 7. SINGLE. RACE: WIDDWE (Specify)	MARRIED 8. DATE		67 yrs. Months	
OA. USUAL OCCUPATION (Give kind of 10s work done during most of working life, even if retired) CRANE OPERATOR M	DR INDUSTRY: ASS. STATE GOVT.	MACON, GEORG	tate or foreign country):	12. CITIZEN DE WHAT
13. FATHER'S NAME:		14. MDTHER'S MA		
ELI T. LAWRENCE		UNKNOWN		
IS. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT &	AODRESS:	
(Yes, no, or unk.) (If Yes, give war or dates of service) WW I	214-18-1523	CLIN.REC.VET	.ADM.HOSP., FT.H	OWARD, MD.
	8. MEDICAL CERTIFICAT	TON		INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY	LEADING TO DEATH			ONSET AND DEATH
MMEDIATE CAUSE	(A) HYPERNEPHRO	DMA, LEFT		22 MO.
ANTECEDENT CAUSE (S)	DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE	(B)			
STATING UNDERLYING CAUSE LAST.	UE TD			
II DTHER SIGNIFICANT CONDITIONS CO	(C)			
TO THE DEATH BUT NOT RELATED TO I	HE	IYSEMA, PULMON	ASSOCIATE	UNKNOWN
DISEASE OR CONDITION CAUSING DE	FINDINGS DE DERATION	ONIC BRAIN SYN	DROME with Arte	
			(50161-081	20. AUTDPSY?
OR CONTRIBUTING CAUSE OF DEATH OF	B. PLACE (Home, farm, fact INJURY street, office bldg.,	etc. INJURY OCCUR	O (City or town) (Co	ounty) (State)
21D. TIME (Month) (Day) (Year) (Hour) DF INJURY . M.	While Not while at work at work	21F. HOW DID IN	JURY DCCUR?	
22. I hereby certify that Kattended the	deceased from JUNE	22 , 1955, to AUG	- 23 . 1955 XIGOXX	*0000000000000000
SIGNATURE and			causes and on the da	
IRVING FREEMAN, M.D., Acting (Chief. Medical Ser			8-24-55
23. BURIAL, CREMATION, DATE THERED	F NAME DE CEMETE	RY DR CREMATORY	LDCATION (City, town	
BURIAL aug. 26,193	55 LORRAINE PAR	K CEMETERY	BALTIMORE, MAI	RYLAND
DATE REC'D BY LOCAL REGISTRAR'S	1 1 1	24. FUNERAL DI		ADDRESS

NORTH & PENNA. AVE., BALTIMORE, MD.

DATE OF THE STREET OF THE STRE O ASTRONOL LEFTLE . THE STATE SEE BETWEEN MINES THE SE Town was a second transfer of the contract of

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MARYLAND STATE DEPARTMENT 7488 CERTIFICAT	11/4/h				
1. PLACE OF DEATH: COUNTY Baltimore MARYLAND CITY (If outside corporate limits, write RURAL CITY (in this place) OR and give nearest town) Catonsville	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY CITY(If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkridge				
HOSPITAL OR INSTITUTION OR House in the Pines	STREET (If rural give location) ADDRESS 5902 Old Washington Road				
DECEASED: DECEASED: Type or Print) Sadie Bauman L S. SEX: 6. COLOR OR 7. SINGLE. MIDOWED. DIVORCED, B. DATE WIDOWED. DIVORCED, B. DATE	4. DATE (Month) (Day) (Year) OF OF DEATH: August 6, 19 55 OF BIRTH: 9. AGE last birthday If UNDER 1 YEAR Hours Min. Hours Min. Months Daya Hours Min.				
Work done during most of working life. even if retired): Housewife	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?				
13. FATHER'S NAME: Louis O. Bauman Is. Was Deceased Ever In U.S. Armeo Forcest (Yes, no, or unk.) (If Yes, kive war or dates No of service) None	14. MOTHER'S MAIDEN NAME: Frances A. Mewshaw 17. INFORMANT & ADDRESS: Mrs. Phyllis L. Adcock 6000 Old Wash Rd.				
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 33/X IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 33/X IMMEDIATE CAUSE ANTECEDENT CAUSE (S: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE AND ADDRESS OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE ONSET AND DEATH DUE TO				
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION					
<u>></u>	YES NO				
21a. ACCIDENT WAS UNDERLYING TO RECORD THE COUNTY OF INJURY Street, office bldg., etc. 21c. WHERE DID (City or town) (County) (State) OF INJURY Street, office bldg., etc. 10 10 10 10 10 10 10 1					
22. I hereby certify that I attended the deceased from alive on	M, 1955, to 7 6, 1955, that I last saw the deceased BATE SIGNED APPRESS BATE SIGNED LOCATION (City, town, or county) (State) go Memorial Elkridge, Md.				

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AVE. BALTIMORE 21. MD.

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PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

7490 CERTIFICATE	C OF DEATH Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give learest town) TOWN MARYLAND LENGTH OF STAY (in this place) 25 U00AD	CITY III outside corporate limits, write RURAL and give nearest town
HOSPITAL OR INSTITUTION OR JAMES FULL.	STREET (If rural give location)
(Type or Print) HIEXANDER W LYC	DEATH: (444 /) 193.)
5. SEX: 6. COLOR OR RACE: WIDOWED, DIVORCED, (Specify): MANILC	1 290 (?) 65(?) yrs. Months Days Hours Min.
Work done during most of working life. even if retired):	Charles Co.; Mankace 12. CITIZEN OF WHATCHARLES COUNTRY
Thomas Lyons	Sarah Smith
(Yes, no, or unk.) (If Yes, give war or dates of service)	Mrs Kalharine Lyon, Charlette Had mo
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 193 X IMMEDIATE CAUSE (A) Quite U	rway Tract Sufection Interval Bétween onset and Death
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATUS UNDERLY ABOVE CAUSE DUE TO	o Naphritis
STATING UNDERLYING CAUSE LAST. (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor of CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	ry. 21c. WHERE DID (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F, HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 1/3 alive on 1/3, 1955, and that death occurred at SIGNATURE HOMEL AND 1/4 HOMEL THEREOF NAME OF CEMETER 1.	M, from the causes and on the date stated above. ADDRESS D. ADDRESS ADD
Dougle and 15 1955 Junty C	Cemetery New Port, md
REGISTRAR SIGNATURE	24. FUNERAL DIRECTOR ADDRESS Hout & Pryon Found Home, Weal And Med

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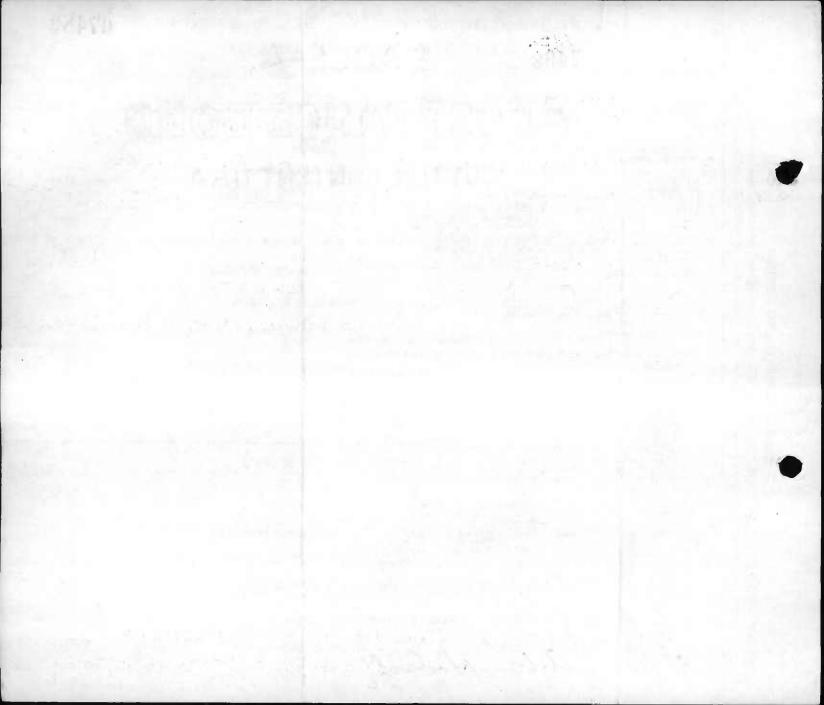


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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07482

7492	CERTIFICATI	E OF DEATH Reg. D	ist. No. 3
I. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED	:
COUNTY BALTIMOR	E MARYLAND	STATE MARYLAND CO	DUNTY
CITY (If outside corporate limits, write OR and give nearest town)		CITY (If outside corporate limits, write RURA OR TOWN BALTIMORE	
INSTITUTION OR	NORSING HOME NO AUE, CATONSUILLE	STREET (If rural give located Address 21 N E LLW 00	A.10 /
		(Last) 4. DATE (Month) (OF DEATH: AUGOS) OF BIRTH: 9. AGE last birthday: if UNDER	Day) (Year) 19 5 1 YEAR ID UNDER 24 HRS.
	OWED, DIVORCED, Ify): 511 6 LF JUNI	= 12.1898 5 7 yrs. Months	Days Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OF		country?
13. FATHER'S NAME:		14. MOTHER'S MAIDEN NAME:	
JOHN A- 1	MARTIN	ELIZABETH KAHL	ER
15 WAS DECEASED EVER IN U.S. ARMED FORCES. (Yes, no, or unk.) (If Yes, give war or dates of service)		INFORMANT & ADDRESS: E BERHARD MARTIN 211). ELLWOOD A
Antecedent causes (s)	(arcens no Carcens he		Interval Betwee
11. OTHER SIGNIFICANT CONDITIONS	c)		
Conditions contributing to the death but related to the disease or condition causin	not g death.		
19a. DATE OF OPERATION: 19b. MAJO			20. AUTOPSY
			Yes No
21. ACCIDENT (Specify) PLA OF INJUSTICIOE	CE (Home, farm, factory, street office bldg., etc.)	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURED While at Not While Work At Work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended to alive on help 50, 1951, and SIGNATURE	that death occurred at (Degree or title)	1955, to Aug., 1955, that I land the causes and on the da ADDRESS SACF, NAT. P.LU	
23. BURIAL CREMATION, DATE THER REMOVAL (Specify)	NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, o	r county) (State)



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3. NAME OF

5. SEX-

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 7493 CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH-2. USUAL RESIDENCE (HOME) OF OECEASED: BALTIMORE STATE MARYLAND COUNTY CITY (If outside corporate limits, write RURAL) LENGTH OF STAY CITYIIf outside corporate limits, write RURAL and give nearest town) and give nearest town) (in this place) FORT HOWARD TOWN BALTIMORE 33 DAYS HOSPITAL OR STREET If rural give location) INSTITUTION OR AOORESS 50 STREET ADDRES VETERANS ADMINISTRATION HOSPITAL W. NORTH AVENUE (First) (Middle) (Last) 4. OATE (Month) (Day) (Year) DECEASED (Type or Print) CLEMEN MC CABE DEATH: AUGUST 6. COLOR OR 7 SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE last birthday IF UNDER WIDOWEO, OIVORCED, (Specify): SINGLE Months Dava Hours OA. USUAL OCCUPATION (Give kind of 108. KINO OF BUSINESS 11. BIRTHPLACE (State or foreign country): |12. CITIZEN OF WHAT work done during most of working life. OR INDUSTRY: COUNTRY? even if retired REPAIR MAN SELF EMPLOYED BALTIMORE, MARYLAND U. S. A. 13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME: WILLIAM H. MC CABE LAVENIA SITZLER IS. WAS DECEASED EVER IN U.S. ARMED FORCEST 17. INFORMANT & ADORESS 16. SOCIAL SECURITY NO. (Yes no or unk.) (If Yes, give war or dates of service) WW I CLIN.REC., VET. ADM. HOSP. FT. HOWARD. MARYLAND Unknown 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND CEATH MENINGITIS (AEROBACTER AEROGENES) WEEKS OUE TO PARANEPHRIC ABSCESS RIGHT KIDNEY (A. AEROGENES) 6 MONTHS 300 DUE TO POST OPERATIVE INFECTION (REMOVAL OF CYST See RIGHT KIDNEY XXE) below SEPTICEMIA (A. aerogenes) WEEKS Excision cyst of kidney right Exploration of right kidney AUTOPSY7 NO 21c. WHERE DIO (City or town) (County) (State) INJURY OCCUR? 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While Not while at work at work ADDRESS DATE SIGNED

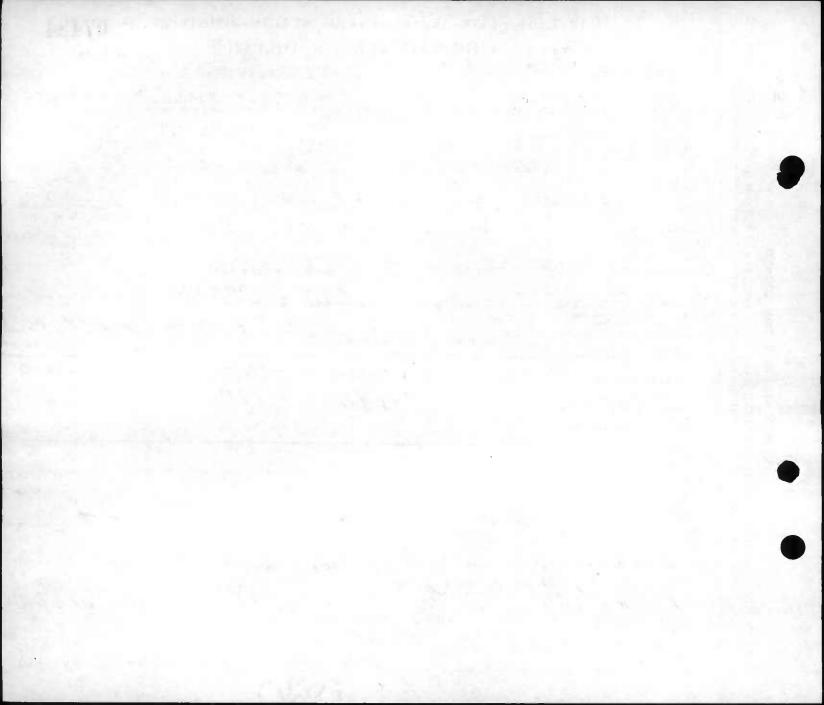
MMEDIATE CAUSE ANTECEDENT CAUSE (S' DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH 21A. ACCIDENT WAS UNDERLYING | 21B. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 13. 145 M, from the causes and on the date stated above. B. VANDEGRIFT. M.D. M.D. VAH FORT HOWARD, MARYLAND DATE THEREOF BURIAL, CREMATION. OCATION ((t), town, or county) (State) REMOVAL (SPECIFY) LORRAINE PARK CEMETERY BURIAL BALTIMORE, MARYLAND DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR AVE. BALTIMORE. MD.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

7401	CERTIFICATE	OF DEAT	H Re	g. Dist. No.
I. PLACE OF DEATH:	13	. USUAL RESIDENCE	E (HOME) OF DECE.	ASED:
COUNTY BALTIMONE CITY (If outside corporate limits, write OR and give nearest town) TOWN IN VERNESS	MARYLAND e RURAL LENGTH OF STAY (in this place)	OR	rporate limits, write li	COUNTY BALTO RURAL and give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS & BAYS	SIDE DRIVE	STREET ADDRESS BAYS		o location)
3. NAME OF DECEASED: (First) (Type or Print) 5. SEX: 6. COLOR OR 7. SING	(Middle) C, MC C L CLE, MARRIED. 8, DATE OF	ELLAND	DATE (Month) OF DEATH: AUG	(Day) (Year) 19 55 UNDER 1 YEAR IP UNDER 24 HRS.
RACE: WIDO	OWED, DIVORCED, ONED, DIVORCED, ONED, DIVORCED, ONED, MARKED. A U G ONED, MARKED. A U G ONED, MARKED. A U G ONED, MARKED. ONED, MAR	- 10 -	59 yrs. M	onths Days Hours Min.
work done during most of working life, even if retired): AT HOME 13. FATHER'S NAME:	INDUSTRY:	MARY LA. MOTHER'S MAIDEN		COUNTRY?
JOHN F. STAPR	5	MARY THO		
15 WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unk.) (1f Yes, give war or dates of service)	? 16. SOCIAL SECURITY No.: 17. II	NFORMANT & ADDRE	SS:	121 BAYSIDE
	18. MEDICAL CERTIFICATION	V		Interval Between
I. DISEASES OR CONDITIONS DIRECTIONS IMPORTANT IN IMPORTANT IN IMPORTANT IN ITEM IN IT	a) Cauce	er 571	mach.	Onset And Death
Antecedent causes (s) Diseases or conditions, if any,	E TO CAYOI E TO	no matos	15	12 rus.
	c)			
 OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but related to the disease or condition causin 	not			
	R FINDINGS OF OPERATION	Table 1 h		20. AUTOPSY ?
AUG 19, 1934 CAN	(1)	omach	(COUNTY)	Yes No G
21. ACCIDENT (Specify) PLA OF HOMICIDE	ACE (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(SIAIE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURED While at Not While Work At Work	HOW DID INJURY O	CCUR ?	
22. I hereby certify that I attended		,1952, to AU9	19 , 19 J., tha	t I last saw the deceased
alive on Out 19, 1957, and SIGNATURE	(Degree or title)	33 DUNNI	se causes and on the	1/1/21 ml 8/20/11
23. BURIAL, CREMATION, DATE THER REMOVAL (Specify)			LOCATION (City, to	own, or county) (State)
DATE REC'D BY LOCAL REGISTRAR REGISTRAR		UN. FUNERAL DIRECTO	R	ADDRESS 2/12



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE	OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: (a) Baltimore City, Maryland (b) Street address. 3101 MORE CAND AVE (c) Hospital or institution: (d) Length of stay in hospital or inst. (yrs., mos., or days). 6.770 (e) Length of stay in Baltimore (yrs., mos., or days).	2. USUAL RESIDENCE OF DECEASED: (a) State MO (b) County BALTO (c) City or town PARKULLE (If outside city or town limits, write RURAL and give town) (d) Street No. 3101 MAFKAND AVE (if rural give location) (e) Citizen of foreign country? (Yes or No) If yes, name country.
3 (a) FULL NAME Katherine Mary	Mc Gove - nithing to the attack
3 (b) If veteran, name war No. 214-24-0563 4. Sex 5. Color or race 6 (a) Single, married, widowed, or divorced. WIDOWED	20. DATE OF DEATH Aug. 30 1955, at 9 A.M
6 (b) Name of husband or wife TAMES MCGOVERN'. 6 (c) If alive, give age regears 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	and that I last saw he ralive on Aug. 301955. Immediate cause of death Coronary occlusion, acute US
9. Birthplace BALT MORE (Town, county, and state) 10. Usual Occupation HOUSE WORK.	Due to Arteriosclerosis That to be an added to the additional add
11. Industry or business AT HOME. E 12. Name ANTHONY ACBRECHT 13. Birthplace	Other Conditions (Include pregnancy within 3 months of death) Date of operation. Major findings of operation: PHYSICIAN Underline the cause to which
14. Maiden Name ANNA CATHERINE 15. Birthplace 16 (a) Informant ANNA C. LIGHTHER (b) Address 2101 MARE LAND AVE	Major findings of operation: death should be charged statistically.
(b) Address 3101 MORELAND AVE.	22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide
(c) Cemetery or crematory HOLY REDEEMER Location 4430 BELAIR RUAD 18 (a) Funeral director. DIPPEL BROTHER 18 (b) Date thereof SEPT 2 195. (month) (day) (year)	(b) Date of occurrence
(b) Address 1800 E LOMBARD ST. 19 (a) (Date rec'd by registrar) Registrar	23. Signature Dandad Am. D. Address 60.77 Harfard Date signed 7-30-53.

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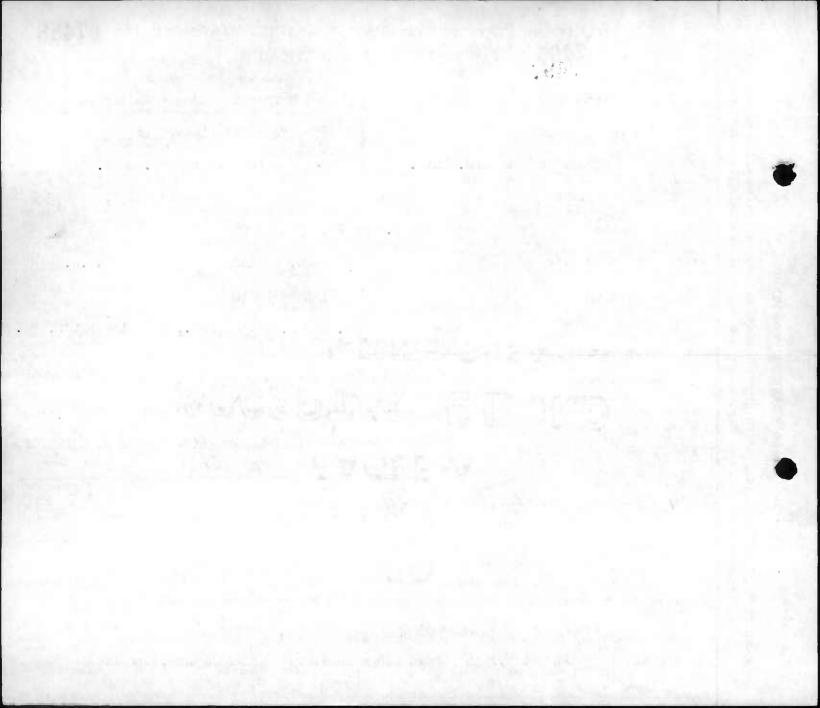
M.	ARYLAND	STATE	DEPARTMENT	OF	HEALTH—BALT	IMORE,	18 ()	7486
	7495		RTIFICATE					No.

bly	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
20	county Baltimore MARYLAND	state Maryland county Baltin	nore
<u>e</u>	CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY(If outside corporate limits, write RURAL an	d give nearest town)
death clearly and legibly	OR and give nearest town) (in this place)	TOWN Rural, White Marsh	
et	X TOWN Rural, White Marsh		X
T	INSTITUTION OR	STREET (If rural give location) ADDRESS	
ea	STREET ADDRESS Red Lion Rd.	Red Lion Road	
2		(Last) 4. DATE (Month) (Di	(Yesr)
计	DECEASED: (Type or Print) Harry Z. Meginnis, Jr	OF	
de		OF BIRTH: 9. AGE last birthday IF UNDER I YE	
of	RACE: WIDOWED, DIVORCED.	36 - 3	
	Male White (Specify): Married July 15	5, 1913 42 yrs.	
causes	work dans during most of working life OR INDUSTRY.	11. BIRTHPLACE (State or foreign country): 12. C	OUNTRY?
Cal	even if retired): Clerical Railroad		J.S.A.
	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
please write the	Towns 7 Washing Cu	Flowerse F Corner	
ite	Harry Z. Meginnis, Sr. 15. Was DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	Florence E. Copper	207 11 24
W	(Yes, no, or unk.) (If Yes, give war or dates		White M
se	No of service)	Mrs. Hazel M.Meginnis, Red Lion	Rd., Marsh, D.
important. Physicians: p	ANTECEDENT CAUSE (\$) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	. lell Carcusina It Cutrum	IS Just.
od1	DISEASE OR CONDITION CAUSING DEATH		
	12 August 55 Seplanton Ltantin	- Junes Cella.	YES NO
especially	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory. 21c. WHERE DID (City or town) (County etc. INJURY OCCUR?	(State)
is esp	2ID. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	
	22. I hereby certify that I attended the deceased from	, 1954, to Aug 1955, that I last	aw the deceased
correct age	alive on 12 day, 1955, and that death occurred at SIGNATURE AUTUMN AM AM BURIAL CREMATION, DATE THEREOF NAME OF CEMETE	264M, from the causes and on the date st	ated above.
	Burial August 15,1955 Camp Chapel	Cemetery Joppa, Marylan	ad
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
	august 13 1956 R-W.	Wm J. Tickner + Sone Balto. 1	7, Smd.

A STATE OF THE PARTY OF THE PAR And the state of t Miles and the court of the state of the court of the state of the stat The state of the s

07488 MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 7496 CERTIFICATE OF DEATH Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Baltimore MARYLAND	STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL, LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nearest town)
OR and give nearest town) X TOWN "Jemicy" Pikesville (in this place)	or Town "Jemicy" Pikesville X
HOSPITAL OR	STREET (If rural give location)
INSTITUTION OR	ADDRESS /
street ADDRESS Park Heights Ave. Extd.	Park Heights Ave. Extd.
Territoria del	(Last) 4. DATE (Month) (Day) (Year)
DECEASED: (Type or Print) Sylvia Miller	DEATH: August 3, 1955
SEX: 6. COLOR OR 7. SINGLE, MARRIED. 8. DATE	OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS.
Female White (Specify): Married November	er 27, 1904 50 yrs. Months Days Hours Min.
A. USUAL OCCUPATION (Give kind of work done during most of working life, OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT
even if retired): Housewife	Chicago Tllingia
	Chicago, Illinois U.S.A.
. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Milton Hartman	Blanche Smith
WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
Yes, no, or unk.) (If Yes, give war or dates No service)	Mr. Jose I Millon 2nd 1608 Fet Not 17 Pk
10 1	Mr. Jay J. Miller, 2nd., 1508 1st Nat'L. Bk.
18. MEDICAL CERTIFICAT DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	
	ONSET AND DEATH
IMMEDIATE CAUSE (A) Metasta	fic Osriuma of Liver 8 works
ANTECEDENT CAUSE (S)	P Me
DISEASES OR CONDITIONS, IF ANY. (B) THULLEY	Carcinorus of Thrush year
STATING UNDERLYING CAUSE LAST. DUE TO	12 - 12
(c) all rec	ords at hum helmond July 2 5
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	1/2
TO THE DEATH BUT NOT RELATED TO THE	topping =
DISEASE OR CONDITION CAUSING DEATH.	
94. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	
wif 13-1955 Meetastic cay	fur YES NO
IA. ACCIDENT WAS UNDERLYING 218. PLACE (Home, famil) fact CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.	tory, 21c. WHERE DID (City or town) (County) (State) etc. INJURY OCCUR?
F EITHER, NOTIFY MEDICAL EXAMINER)	
D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while	21F. HOW DID INJURY OCCUR?
M. While Not while at work at work	
O There's could show I assembled the decount from Teel	7, 1954, to Hug 3, 1955, that I last saw the deceased
alive on aug. 3, 1955, and that death occurred at	Z A. M, from the causes and on the date stated above.
SIGNATURE	ADDRESS DATE SIGNED
brun 7. alaga M	. D. The Wilacook /8 acig 3-55
3. BURIAL, CREMATION, DATE THEREOF NAME OF CEMET	ERY OR CREMATORY LOCATION (City, town, or county) (State)
Burial August 5,1955 Druid Ridge	
Dullar Magast 7,1755 Diala Mage	Comotowr 'Boltimomo Messelond
DATE REC'D BW LOCAL REGISTRAR'S SIGNATURE	Cometery Baltimore, Maryland
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS THOSE ADDRESS THOSE ADDRESS THOSE ADDRESS THOSE ADDRESS



A15 VS. The

COUNTY Baltimore MARYLAND	STATE Md. COUNTY Bal	to.
CITY (If outside corporate limits, write RURAL OR and give nearest town) // (in this place)	CITY(If outside corporate limits, write RURAL s OR TOWN LUTHEVIIIE	and give nearest town)
HOSPITAL OR INSTITUTION OR 6/6 College givenue	ADDRESS / // A- //-	e. /
DECEASED: (Type or Print) William Henry Mit	chell OF DEATH: Aug. 1	Day) (Year) 61 1955
Male White (Specify) Widower Dec.	20,1875 80/79 yrs. Months I	Days Hours Min.
work done during most of working life, even if retired): Farmer - let. Self Employed	Mary/and U	CITIZEN OF WHAT COUNTRY?
William Thomas Mitchell	Mary Ann Turner	
(Yes, no, or unk.) (If Yes, give war or dates of service)	Mrs. Byron Bishop, Luthe	wille, Md
	ION	INTERVAL BETWEEN
	Harri Dinance	ORSET AND DEATH
IMMEDIATE CAUSE (A)	my spars sources	1 Dougs
ANTECEDENT CAUSE (S)	seleni Hend.	le en la
	remous on	-cup
STATING UNDERLYING CAUSE LAST.	weed his lot	6 mos
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE	nsu -	leuls-
	V	20. AUTOPSY?
21A ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact	tory, 21c. WHERE DID (City or town) (Coun-	ty) (State)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINERACCIDENT HOME	etc. INJURY OCCUR?	Lto. Md.
OF INJURY While While	Fall out of bed	
	. 195 to 8/16 . 195 that I last	saw the deceased
D 3/11/2 6H		
SUPATURE AT (1 A DOLL)	ADDRESS DAY 110. DA	TH SIGNED 55
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE REMOVAL (SPECIFY) AUG. 19. 1955 Prospect	HILL CEM. TOWSON, Md.	county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	74. SUNERAL DIRECTOR	ADDRESS
24 Huy 1955 Vinn Urmistrad Mackae	John Dume Some, Tou	wen, Ma
	CITY (If outside corporate limits, write RURAL OR and give nearest town) Now and give nearest town) HOSPITAL OR INSTITUTION OR STREET ADDRESS 6/6 Co/lege Overuse 3. NAME OF (First) DECEASED: (Type or Print) 5. SEX: 6. COLOR OR 7. SINGLE. MARRIEO, 8. DATE WIDOWED. DIVORCED. MARKIEO, WIDOWED. DIVORCED. WIDOWED. DIVORCED. SEX: 10A. USUAL OCCUPATION (Give kind of working life. even if retired): 13. FATHER'S NAME: 13. FATHER'S NAME: 14. (Yes. no. or unk.) (If Yes. give war or dates of service) 15. WAS DICEASED EVER IN U.S. ARMED FORCES! (Yes. no. or unk.) (If Yes. give war or dates of service) 15. MEDICAL CERTIFICAT 1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 18. MEDICAL CERTIFICAT 10 DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. 10 THER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION of INJURY street, office bldg., GIVE STATING (INDICATE) 21A. ACCIDENT WAS UNDERLYING 19B. MAJOR FINDINGS OF OPERATION of INJURY street, office bldg., GIVE STATURF 21B. THERE (Month) (Day) (Year) (Hour) 21B. DJURY OCCURRED While Not while 19B. MAJOR FINDINGS OF OPERATION at work 19B. MAJOR FINDINGS OF OPERATION 19B. MAJOR FINDINGS O	CITY If outside corporate limite, write RURAL OR STAY OR and give negarest town) TOWN TO

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Items 18&21 Film G186 9-13-55 mg Item 9, FilmG186 9-16-55 et

7497 CERTIFICATE OF DEATH Reg. Dis

Reg. Dist. No.



SEP 6 1955

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DECENTED

*/	. The	maryland state departmen 7498 CERTIFICATI		07490 st. No.
1	ully.	I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	FD:
M)	information carefully clearly and legibly.	COUNTY BALTIMORE MARYLAND CITY (If outside corporate limits, write RURAL or and give nearest town) TOWN FORT HOWARD, 16 DAYS HOSPITAL OR INSTITUTION OR STREET ADDRESSET ADMINISTRATION HOSPITA	STATE MARYLAND COUNTY CITY(If outside corporate limits, write RURAL OR TOWN BALTIMORE STREET III rural give location ADDRESS	and give nearest town
15	ind h cl		(Last) 4. DATE (Month)	(Day) (Year)
-CX	em of i	(Type or Print) ROBERT F. MOSKO		3 19 55
U	it	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED. (Specify): MARRIED 9/6/1	Monthel	Days Hours Min.
A ON	causes causes	work done during most of working life. even if retired BRICK LAYER OR INDUSTRY: CONSTRUCTION CO.	BRIGHTON, ALABAMA	COUNTRY?
BINDIN	Supply ite the c	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
BIN	Sul te	JOHN MOSKO	FRANCES ROBERTS	
FOR	INK. se wri	(Yes no, or unk.) (If Yes, give war or dates of service) (WW II 298-10-8940	THINICAL TREERIS - JURY	HOWARD -
RESERVED	ADING IN	18. MEDICAL CERTIFICAT I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ION	INTERVAL BETWEEN
ER	'AD	199. MMEDIATE CAUSE (A) CARCINOMATO	SIS	UNKNOWN
ES	UNF	ANTECEDENT CAUSE (5)		
ARGIN R	VITH t. Phys	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)		
MA	- m	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. RHEUMATIC H	EART DISEASE	10 YEARS
	7	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
I)	/RITE PL	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	etc. INJURY OCCUR? (Cour	nty) (State)
I,	× 10	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	
	OR is	22. I hereby certify that attended the deceased from JULY.	18 , 195 , to AUG. 3 , 195 Decice	
0 - 53	abropopopopopopopox and that death occurred at 11270AM, from the causes and on the date state			
5 - 10	SE	F. G. DICKEY, M.D., Chief, Medical Service M 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE REMOVAL (SPECIFY)	D.VAH. FORT HOWARD MARYLAND	8-3-55 or county) (State
A15	LEA	BURIAL BALTIMORE N	ATTONAL CEMETERY BALTIMORE, M	
V.S.	PI	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	WIEDEFELD & SON FUNERAL HOME GREENMOUNT AVE. & 22ND ST.	ADDRESS
			ALL CONTRACTOR OF SERVICES	

PROPERTY OF THE PROPERTY OF TH the first of the state of the s Large public, and the large part of the Children and State of the Children and the Children

please write the causes of death clearly and legibly

especially important. Physicians:

correct age is

DATE REC'D

REGISTRAR

BY LOCAL

OR

TYPE

PLEASE

Supply every

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 Reg. Dist. No.

7499 CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Baltimore MARYLAND	STATE Maryland COUNTY BOTTE
CITY (If outside corporate limits, write RURAL LENGTH OF OR and give nearest town) (in this pla	STAY CITYIN outside corporate limits, write RURAL and give nearest t
X TOWN Fort Howard 35 days	married and the second
HOSPITAL OR	STREET (If rural give location)
50 STREET ADDRESS Veterans Administration Ho	ospital 5311 Overhill Road
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
DECEASED: (Type or Print) JOSEPH R.	MYERS DEATH: August 24 1959
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. RACE: WIDOWED, DIVORCED,	DATE OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24
Male White (Specify) Married	5/6/96 59 yrs. Months Days Hours
IOA. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINE	SS 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF W
work done during most of working life. OR INDUSTRY: even if retired: Painter Interior & Exter	rior Westminster, Maryland U. S. A.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Unknown	Margaret Myers
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY !	The state of the s
(Yes, no. or unk.) (If Yes, give war or dates of service) WW 1	Clin.Rec., Vet.Adm.Hosp., Ft.Howard, Md.
18. MEDICAL CERTI	WILLIAM DELI
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND D
	OF AMPULLA VATER UNKNOWN
ANTECEDENT CAUSE (5)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	
(C)	TRIVIAND TRIVIAND
	ENIGN PROSTATIC HYPERTROPHY UNKNOWN
DISEASE OR CONDITION CAUSING DEATH. (3) 19A, DATE OF OPERATION: 19B, MAJOR FINDINGS OF OPER	BRONCHOPHEUMONTA 2 DAYS
8-22-55 Laparotomy and cholecy	rstodudenostomy, exploration of
21A. ACCIDENT WAS UNDERLYING \(\) OR CONTRIBUTING \(\) CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	m, factory. 21c. WHERE DID (City or town) (County) (State bldg., etc. INJURY OCCUR?
OF INJURY VA M. 21E INJURY OCCU While Not whi at work at work	ile 📉
22. I hereby certify that X attended the deceased from	July 20, 155, toAug. 24, 1955, MXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	ed at 4:55P.M, from the causes and on the date stated above. ADDRESS DATE SIGNED
TOUTHO EDETHAN M.D.	
IRVING FREEMAN, M.D. 23. BURIAL, CREMATION, DATE THEREOF NAME OF C	M. D.VAH, FORT HOWARD, MARYLAND 8-25-55 EMETERY OR CREMATORY LOCATION (City, town, or county) (8
REMOVAL (SPECIFY)	

Baltimore National Cem.

ional Cem. Baltimore, Maryland

Wm. COOK-Blight, Inc.

6009 Harford Road, Balto. 14, Md.

ADDRESS

A15. VS.

once thing and the second control of the second the second second \$3875 Ja787 183 14 . Prince 1. 12 . Telephone 1. 10 . Telephone 1. 10 . Telephone 1. 11 . Telephone AND THE RESIDENCE OF THE PARTY the base of the second of the CRAZOAS UNDERFRANCIA DESCRIPTION THAT AND And was appeared that the well and the property and the contract and the discounted the discount that

CERTIFICATE OF DEATH

eg. Dist. No. 30

	Reg. Dist. No
I. PLACE OF DEATH- COUNTY BALTO. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) ONS VILLE (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CATONS VILLE 52
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3 FOREST DRIVE	STREET (If rural, give location) ADDRESS 3 FOR EST DRIVE
3. NAME OF (First) (Middle) DECEASED (Type or Print) ELIZABETH M.	(Last) 4. DATE (Month) (Day) (Yes OF DEATH PUG. 13 NANZ DEATH PUG. 13
5. SEX 6. COLOR OR RACE WIDOWED, DIVORCED, (Specifylu) 1.30 W	S. DATE OF BIRTH SEPT. 28, 1868 9. AGE last birthday If under. 1 year If under 24 Months. Days Hours M
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. Kind of Business or Industry 1-10 ME	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WH COUNTRY?
13. FATHER'S NAME WM. LOUDER BACK	14. MOTHER'S MAIDEN NAME MARGARET CALLAGHER
15. Was Deceased Ever In U.S. Armed Forces? (Yes, no, or unknown) (If year, give war or dates of service)	17. INFORMANT AND ADDRESS pure Drive.
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the shove cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	C-V drein 1 yr? In Selem 1 yr
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY Not Work At work	HOW DID INJURY OCCUR?
alive on	1955, to
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. S-14-17-17-17-18-18-18-18-18-18-18-18-18-18-18-18-18-	Jaley Tuneral Home-Catorwilly, my

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BUREAU V. E.

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Item 9. FilmG185 8-22-55 et CERTIFICATE OF DEATH

1. PLACE OF DEATH

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INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY? NO 21c. WHERE DID (City or town) (County) (State) 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not while OF INJURY at work L at work 22. I hereby certify that I attended the deceased from , and that death occurred at //, 45AM, from the causes and on the date stated above. NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) 23. BURIAL. CREMATION. REMOVAL (SPECIFY) Baltimore, Maryland Loudon Park Cemetery REGISTRAR'S DATE REC'D BY LOCAL SIGNATURE REGISTRAR St. Paul St.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Reg. Dist. No.

(Day)

Days

Months

(Year)

Hours

S.

COUNTRY?

2. USUAL RESIDENCE (HOME) OF DECEASED:

Selected and the control of the cont The

every item of information carefully.

of death clearly and legibly.

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Physicians:

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07405				
	OE DEAMH	07495		
7502 CERTIFICATE	E OF DEATH Reg. Dist.	No		
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Baltimore MARYLAND	STATE Mayland COUNTY / 2020 C	e George		
5 TOWN (If outside corporate limits, write RURAL LENGTH OF STAY (in this place) 3 40. 7 d.	CITY(If outside korporate limits, write RURAL and OR TOWN Carmody Hills	d give nearest town)		
HOSPITAL OR Spring Grove State 14 STREET ADDRESS HOSPITAL	STREET (If rural give location) ADDRESS 7507 Blaine St N	E		
DECEASED: (Type or Print) Eznest I PAR	(Last) 4. DATE (Month) (DATE) OF DEATH: 8 / 28	hy) (Year)		
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): 12 par. 8-1	OF BIRTH: 9. AGE last birthday IF UNDER ! YE. 6-1883 72 yrs. Months Day	Hours Min.		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even If retired): UMK.	Washington D.C. U	COUNTRY? WHAT		
Is. FATHER'S NAME: Parker	14. MOTHER'S MAIDEN NAME:			
(Yes, no, or unk.) (If Yes, give war or dates of service) (16. Social Security No.	Records of Spring Gove Si	+. Hosp.		
18. MEDICAL CERTIFICAT	ION /	INTERVAL BETWEEN		
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH		
151 X Carcinoma i	f stomach with wetertases	about Lyrs.		
ANTECEDENT CAUSE (S)				
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE DUE TO				
STATING UNDERLYING CAUSE LAST.				
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING Chair fyudrome anociaxed to the DEATH BUT NOT RELATED TO THE DISTANCE OF CONDITION CAUSING PEATH WILL Jewice Brain disease				
DISEASE OR CONDITION CAUSING DEATH.				
TSA. DATE OF STEEL AND STE		20. AUTOPSYT		
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory. 21c. WHERE DID (City or town) (County etc. INJURY OCCUR?	(State)		
OF INJURY OF INJURY OF INJURY ODAY (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from 5/21 , 19.55, to 8/28, 1951, that I last saw the deceased , and that death occurred at 6:55 P.M. from the causes and on the date stated above.

ADDRESS

DATE SIGNED alive on SIGNATURE

NAME OF CEMETERY OR CREMATORY BURIAL. CREMATION, ASPECIFY) REGISTA

(City, town, or county)

(State)

LOCAL

BUREAU V. R

SEP 7 1955

BECEINEIL

(Middle)

INDUSTRY

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) VILOWEU

10b. KIND OF BUSINESS OR

16. SOCIAL SECURITY NO.

: 74)2 CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

MARYLAND

LENGTH OF STAY (in this place)

STATE

TOWN

STREET

ADDRESS

(Last)

8. DATE OF BIRTH

Maryland

Occhesin

Jan 13 1876

PARKER

18. MEDICAL CERTIFICATION

07494

(Day)

COUNTRY?

Baltimore

12. CITIZEN OF WHAT

INTERVAL BETWEEN

ONSET AND DEATH

(Year)

19

Reg. Dist. No.

COUNTY

2. USUAL RESIDENCE (HOME) OF DECEASED

CITY (If outside corporate limits, write RURAL and give nearest town)

Mrs. Della M. Turner Box 381 RT. 3, Belair

3009 Dundalk Ave.

4. DATE

(If rural, give location)

(Month)

DEATH August 25, 1955

9. AGE last birthday | If under 1 year | If under 24 hrs | Months | Days | Hours | Min.

Maryland

11. BIRTHPLACE (State or foreign country)

14. MOTHER'S MAIDEN NAME

17. INFORMANT AND ADDRESS

Martha A. Parry

Dundalk

M

correct

The

1. PLACE OF DEATH.

OR give nearest town)

Baltimore

10a. USUAL OCCUPATION (Give kind of work

done during most of working life, even if retired)

15. WAS DECRASED EVER IN U.S. ARMED FORCES?

no, or unknown) | (If yee, give war or dates of

pervice)

Nathaniel J. Gover

Immediate cause

CITY (If outside corporate limits, write RURAL and

Dundalk

Martha Anne

(First)

6. COLOR OR RACE

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

White

3009 Dundalk Ave.

COUNTY

3. NAME OF

Female

DECEASED

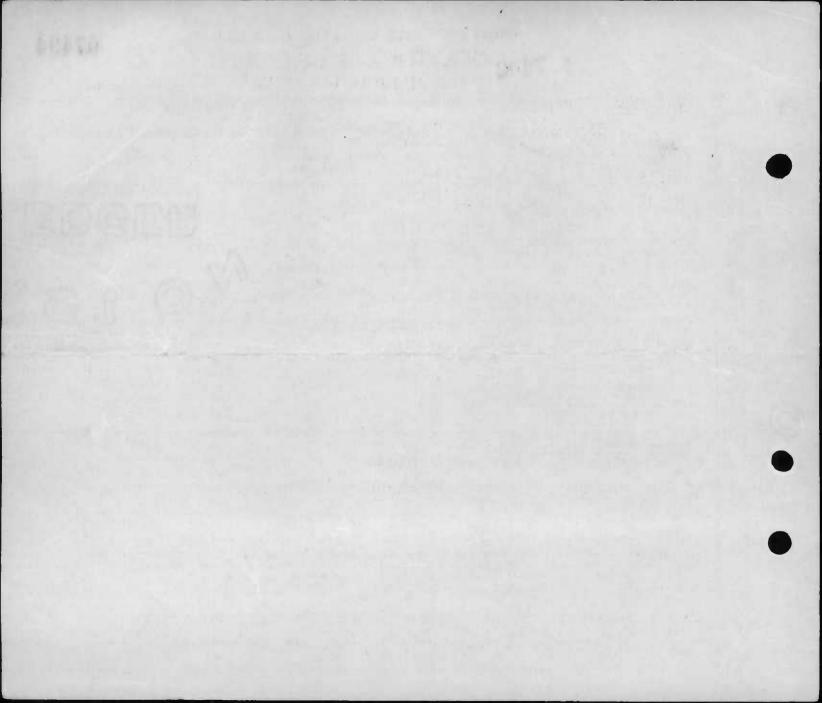
(Type or Print)

13. FATHER'S NAME

BINDIN FOR SERVED

ARGIN RE	Antecedent cause(s) Diseases or conditions, if any, (b) giving rise to the above cause	••• •••••••••••••••••••••••••••••••••••
N N N	(c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
WITH	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	AUTOPSY?
٠.٠٠	CAUSE OF DEATH. INJURY	(STATE)
AINL	TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR? OF While at Not while	
WRITE PL	from: natural causes of, accident , suicide , homicide , undetermined . SIGNATURE (Degree or title) ADDRESS DE MAN DE COURS DE	n the evidence nion resulted
ASE	23. BURIAL CREMATION DATE THEREOF (NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) Aug 30/55 Oak Lawn Baltimore	(State)
PLE	DATE REC'D BY LOCAL REGISTRAL'S SIGNATURE REG. 39-55 AW Journal Milrich Funeral Home 2112 Dundalk	DDRESS
	Dryk	

of information carefully. death clearly and legibly. HOSPITAL OR INSTITUTION OR STREET ADDRESS Supply every item write the causes of o IK.



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		MARYLAND STATE DEPARTMENT	T OF HEALTH—BALTIMORE, 18	07496		
y. Th	7509 CERTIFICATE	E OF DEATH Reg. Dist	. No. 39			
	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D;			
/ ja	gibl	COUNTY Baltimore MARYLAND	STATE Md. COUNTY Balti	more		
on carefull		CITY (If outside corporate limits, write RURAL OR and give nearest town) Y TOWN Monkton, Rural LENGTH OF STAY (in this place)	CITY(If outside corporate limits, write RURAL s OR TOWN Monkton, Rural			
N)	arly a	HOSPITAL OR INSTITUTION OR STREET ADDRESS Old York Rd.	STREET (If rural give location) ADDRESS Old York Rd.			
item of information	of death clearly and		(Last) 4. DATE (Month) (Day) (Year) /8 1955		
		5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE	OF BIRTH: 9. AGE last birthday IF UNDER 1			
NG every causes	63	to A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife home	II. BIRTHPLACE (State or foreign country): 12. Maryland	COUNTRY?		
DII	the	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:			
BINDING	e t	William Curry	Frances Edwards			
K. K.	wri			Ad.		
		18. MEDICAL CERTIFICAT	ION	INTERVAL BETWEEN		
RVED	pl	1001				
RESERVED	18:	420 MMEDIATE CAUSE (A) Condiac	failure	2 de ays		
RESI	ciaı	ANTECEDENT CAUSE (S)				
ARGIN R	Phys	DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) (B) (D) (B) (D) (D) (D) (D)	y de le Mosis	YPARS-		
AR	nt.	IN OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
M	important.	TO THE DEATH BUT NOT RELATED TO THE DIA LETE	Mellitus	9yrs.		
· · · · · · · · · · · · · · · · · · ·	4	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION		YES NO		
		21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	etc. INJURY OCCUR?	(State)		
-		OF INJURY OF INJURY M. 21E INJURY OCCURRED While Not while at work at work at work	21F. HOW DID INJURY OCCUR?			
2	age	22. I hereby certify that I attended the deceased from (744 x 2 , 195 4 to (84 y that I last saw the deceased				
10 - 53	rect	Allo du la				
. A15 —	100	23. BURIAL CREMATION, DATE THEREOF NAME OF CEMETI	ERY OR CREMATORY LOCATION City, town, o			
VS. A1	474	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR Me. 19 50 Mr. Glarabeth Forsuch.	Priscopal 24. FUNERAL DIRECTOR Brooks Funeral Service, Spark	ADDRESS		
		7 //				

BUREAU V. S.

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DATE REC'D BY LOGAL

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07498 CERTIFICATE OF DEATH Reg. Dist. No.

1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED:					
county Bal timore MARYLAND	STATE Maryland COUNTY				
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nearest town)				
OR and give nearest town) (in this place) TOWN Ruxton	Town Baltimore 3/0/-4				
HOCDITAL OR	STREET If rural give location)				
INSTITUTION OR SORTENSON Nursing Home 7912 Ruxway Road	ADDRESS 208 East 25th Street				
DECEASED.	(Last) 4. DATE (Month) (Day) (Year)				
(Type or Print) CLARA	INDELL DEATH: August 28, 19 55				
female 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED. DIVORCED. June	9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.				
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS work done during most of working life. OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT				
even if retired: housewife at home	Maryland U. S. A.				
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:				
Louis D. Sweeny	Garrie Miller				
IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:				
(Yes, no, or unk.) (If Yes, give war or dates of service)	Mrs. Cora Bauer, 2128 McElderry St.				
18. MEDICAL CERTIFICAT	TION . INTERVAL BETWEEN				
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH					
14221	Had. IMMEDIATE CAUSE ANTECEDENT CAUSE (5: DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) Atheronetronic Joiture 7 days. (B) Myocardial HyperTraphy. (C) Atheronetronic Joiture 7 days.				
IMMEDIATE CAUSE (A) THYOLON	all is Chamic follows 1 abys.				
ANTECEDENT CAUSE (S)					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO	deal Hypertrephy. years.				
STATING UNDERLYING CAUSE LAST.					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	enccesons deveral. years.				
TO THE DEATH BUT NOT RELATED TO THE					
DISEASE OR CONDITION CAUSING DEATH.	N				
	20. AUTOPSY?				
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, faction CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory. 21c. WHERE DID (City or town) (County) (State)				
OF INJURY (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while	2 IF. HOW DID INJURY OCCUR?				
M. at work at work	mone.				
22. I hereby certify that I attended the deceased from Cang	17, 19 55, to Queg 28, 1950, that I last saw the deceased				
alive on Que 27, 1955, and that death occurred at					
SIGNATURE	ADDRESS DATE SIGNED				
Hames Groham marston M	1.D. 516 Cathedral St arg 29, 1973				
	ERY OR CREMATORY LOCATION (City, town, or county) (State)				

Green Mount

Cemetery

Baltimore

Maryland

Paul

St.

ADDRESS

Blacker Christophia Charles and Christophia Construction of the Co

1000

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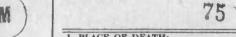
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CERTIFICATE OF DEATH

Reg. Dist. No. 28

	(2, (2)				
1. PLACE OF DEAT COUNTY	Baltimore	MARYLAND	COM A PROTECT	e (HOME) OF DECEAS	COUNTY Balto
CITY (If outside of OR give neares	corporate limits, write RURA t town) Parkville	/* 41 *	OP 5	porate limits, write RUR timore, Parky	AL and give nearest town)
HOSPITAL OR INSTITUTION O STREET ADDRE	R SS 2608 Burrid	lge Rd.	STREET ADDRESS 26	(If rural, give I 008 Burridge F	
3. NAME OF DECEASED (Type or Print)	Mr. Robert	(Middle)	(Last) Preisel	4. DATE (MOF DEATH	August 24th 155
5. SEX male	white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	B. DATE OF BIRTH Dec. 15.1892	9. AGE last birthday 62 yrs.	If under 1 year If under 24 hr Months. Days Hours Min
Engineer B	ATION (Give kind of work working life even if retired) alto Co. Health	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Sta New York		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAM	reisel		? Eliza		
	VER IN U.S. ARMED FORCES (If year, give war or dates of service)		Mrs. Mabel E.		8 Burridge Rd.
Immedia Antecede Diseases or giving rise to stating the II. OTHER SIGNIF Conditions contrib	conditions DIRECTLY the cause nt cause (s) conditions, if any, to the above cause underlying cause last TCANT CONDITIONS uting to the death but not asse or condition causing death	Coranary I	Tenendore		ONSET AND DEATE
		INDINGS OF OPERATION			20. AUTOPSY?
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLACOF	CE (Home, farm, factory, street, office bldg., etc.)	(CITY O	R TOWN)	Yes No COUNTY) (STATE)
TIME (Month) OF INJURY		INJURY OCCURRED While at Not While Work At work	HOW DID INJURY	OCCUR?	
alive on	2. 9. an 2. 9. ATION DATE (city) Aug. 27		ADDRESS ALLA ALLA RY OR CREMATORY eme tery 124. FUNERAL DIRECT	LOCATION (City, ton Baltimore,	e date stated above. DATE SIGNED DATE SIGNED (State) Maryland ADDRESS
REG.	1551		Leonard J. R	uck, 5305 Har	ford Road #14

13 1 2 W. C. HOME

MD THE BALTON HARE WICED PARK Moureid Box 421

ACNES S. RAMSEY AUG 22 PARIETE MAITE MARKED 4-12-1877 78 11-11 H. Horrie KICHARD MISNER

JOSEPH A RAMSEY (FRB E)

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

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Supply every item of information carefully.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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· · · · · · · · · · · · · · · · · · ·	CF DEATH Reg. Dist.	No
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY Haltemore MARYLAND	STATE AND COUNTY	1 of the
CITY (If outside corporate limits, write RURAL COR and give nearest town) TOWN (in this place)	CITY(If outside corporate limits, write RURAL an OR TOWN	d give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Md. Masonie Home	STREET (If rural give location) ADDRESS 77 Punforhi.	24
3. NAME OF (First) (Middle) DECEASED: (Type or Print) Carrier Halm	(Last) 4. DATE (Month) (DO OF' DEATH:	(Year) 9 1955
5. SEX: 6. COLOR OR 7. SINGLE MARRIED, WIDOWED. DIVORCED. (Specify):	OF BIRTH: 9. AGE last birthday IPONDER : VE	AR IF UNDER 24 HRS.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	11. BIRTHPLACE (State or foreign country): 12, C	CITIZEN OF WHAT
13. FATHER'S NAME: / Italin	Mary Braun	
(Yes, no, or unk.) (If Yes, give war or dates of service)	Tausa M. Sehven	lec
18. MEDICAL CERTIFICAT	rión	INTERVAL BETWEEN
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 443 X	7-11-0	ONSET AND DEATH
IMMEDIATE CAUSE (A)	e o a,	meen
ANTECEDENT CAUSE (8)	butters. David	, , alout
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO	D)	gues
(C)	Vislare	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N	20. AUTOPSY7
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fac OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory. 21c. WHERE DID (City or town) (County, etc. INJURY OCCUR?	r) (State)
OF INJURY (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Acc	9. , 1954 to aug 18 1905 that I last	saw the deceased
	12 P. M, from the causes and on the date s	
	1. D. Cochensville Ind.	Cuy 2055
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMET. REMOVAL (CRECUFY) Aug 23 - 5 Spondon	PR CREMATORY LOCATION (Gity, town, or Paltimore	county (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR /	ADDRESS /

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BUREAU V. S.

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MARYLAND S	TATE DEPA	RTMEN	T OF HEALT	H—BALTIMORE, 1	18 07502
75 8	CERTIF			**	Dist. No
1. PLACE OF DEATH:			2. USUAL RESIDE	NCE (HOME) OF DECEASE	D;
COUNTY Baltimore	MARYLA		STATE Mar	ylandcounty	
CITY (If outside corporate limits, write I OR and give nearest town) TOWN Owings Mills	(in this	OF STAY place) onths	OP	corporate limits, write RURA	L and give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rosewood Tra	aining Schoo	01	STREET ADDRESS 520	(If rural, give loc West Berry Street	
3. NAME OF (First) DECEASED: (Type or Print) Baby	(Middle) Boy		(Last) Reid	4. DATE (Month) OF DEATH: 8	(Day) (Year) 26 19 55
5. SEX: 6. COLOR OR 7. SINGL RACE: WIDO	E, MARRIED, WED, DIVORCED, (y): single	8. DATE	OF BIRTH:	9. AGE last birthday: IF UP Mont	NDER I YEAR IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINDUSTRY:			(State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME:		1	14. MOTHER'S MAI	DEN NAME:	
Grover Reid				(maiden name unl	known) Reid
15. WAS DECEASED EVER IN U.S. ARMED FORCES ? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY	No.: 17.	Rosewood		
	18. N	AEDICAL C	CERTIFICATION		
I. DISEASES OR CONDITIONS DIRECTLY I	EADING TO DEAT	TH:			ONSET AND DEATH
Immediate cause (a)	Aspiration	pneumo	nia	***************************************	l day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c)	Severe cong		malformation	n of mouth (clef	birth
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing	death.				
19a. DATE OF OPERATION: 19b. MAJOR	FINDINGS OF OPE	RATION:			20. AUTOPSY?
SUICIDE OF	CE (Home, farm, fact office bldg., etc.)	tory, street,	(CITY OR TOV	VN) (COUNTY)	Yes No (STATE)
HOMICIDE INJU TIME (Month) (Day) (Year) (Hour) OF INJURY M.	INJURY OCCURF While at Not wh work at wo	hile	HOW DID INJURY	Y OCCUR?	
22. I hereby certify that I attended the alive on 8/26 , 19.55, and SIGNATURE Arry G. Burley	he deceased from that death occu	n. 8/25 irred at OR TITLE	E), ADDRESS W, Mill	m the causes and on the	date stated above. DATE SIGNED 8/30/55
23. BURIAL, CREMATION REMOVAL (Specify): HEMOVAL DATE MEC'D BY LOCAL REGISTRAR'S		CEMETER	CAL SC/100	LOCATION (City, town,	6= 4=:

1800 FLOMBARD

SEP 2 1955

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

7519

4 m 100 m

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY	STATE COUNTY Counterland
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
OR give nearest town (in this place)	TOWN Bridgoton 67x-3
*HOSPITAL OR	STREET (If rural, give location)
ON STREET ADDRESS 3811 Oaks Che	ADDRESS 419 Fring the
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print)	Ennely DEATH Qua 76 55
5. SEX 6. COLOR OR BACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH , 9. AGE last birthday If under 1 year If under 24 hrs.
WIDOWED, DIVORCED, (Specify)	Chril 18 71 8 4 yrs. Months. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. Kinp or Business on	11 BIRTHPLACE State or foreign country) 12. CITIZEN OF WHAT
done during most of working life, even if retired) Industri	135 idao tare M. COUNTRY? X.O
I3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
musch Kennold	Unado Silasen
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17 INFORMANT AND ADDRESS
(Yes, no, or unknown) (If year, give war or dates of	Reservo Timeson 3811 Choche
pot (CO)	1540-9
IS, MEDICAL CE	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
151X Immediate cause (a) (1) Ormany	Garcinoma of 6 months
Antecedent cause(s)	
Diseases or conditions, if any, (b)	
giving rise to the above cause stating the underlying cause last	· Acleration Heart 1991.
II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death.	Disease.
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
pre-15-55 - Comp alastic base	inome of fromuly Yes O No D
21. ACCIDENT (Specify) PLACE/(Home, farm, factory, street,	(CITY OR TOWN) (COUNTY) (STATE)
SUICIDE OF office bldg., etc.) HOMICIDE INJURY	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?
OF INJURY while at Not While Work At work	
ANOUN	15 85 6 454 21
22. I hereby certify that I attended the deceased from	5, 19.53, to 26, 19.53, that I last saw the deceased
alive on 26, 1955, and that death occurred at.	1.45 ff. m., from the causes and on the date stated above.
SIGNATURE (Degree or title)	ADDRESS PATE SIGNED
S. O Charles (m. D 14	108. Bl. + 1st ba At 3- M. C. 1
in o. Thursday, 41	DY OF CONTRACTORY / JOSEPH / 5 27/5
23. BURIAL, CREMATION DATE NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, of county)
DATE REC'D BY LOCAL REGISTRAK'S SIGNATURE	24. FUNERAL DIRECTOR
RAGO 27 1055 July 12 Mills of 2	Jorina Dyers 500 TKM, Harris
- HILL THE THE PARTY OF THE PARTY OF	IR ALL IF CONT
	Holes. 15. Mas

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age

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please write the causes of death clearly and legibly.

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VS. A15 -

correct age is especially important. Physicians:

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 197504

1310 CI	ERTIFICATI	E OF DEATH Reg. Dis	t. No. 50
1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASE	D:
COUNTY Baltimore	MARYLAND	STATE Maryland COUNTY Alle	CANCY
CITY (If outside corporate limits, write RUR.	AL LENGTH OF STAY	CITYIIf outside corporate limits, write RURAL	and give nearest town)
TOWN Catonsville	1 yr5mo23da	s TOWN Cumberland	0/00 2
HOSPITAL OR	TALDINOS JUNE	STREET (If rural give location	01-02-de
/ HINSTITUTION OR Spring Grove	State Hospi	ADDRESS	/
	(Middle)	(Last) 4. DATE (Month)	Day) (Year)
DECEASED: (Type or Print) Shirley	Alice Re	phann OF DEATH: August	12. 19 55
5. SEX: 6. COLOR OR 7. SINGLE, MARACE: WIDOWED.		OF BIRTH: 9. AGE iast birthday IF UNDER	YEAR IF UNDER 24 HRS.
Female White (Specify): M		6-1930 21 yrs. Months	Days Hours Min.
	IND OF BUSINESS	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
work done during most of working life.	R INDUSTRY:	20	COUNTRY?
even if retired): Housewife			SA
13. FATHER'S NAME:		14. MOTHER'S MAIDEN NAME:	
James Geray		Leona Blubaugh	
	SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	* -
(Yesnno, or unk.) (If Yes, give war or dates Ur	nknown	Records Spring Grove Sta	te Hospital
18.	MEDICAL CERTIFICAT		INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEA	DING TO DEATH		ONSET AND DEATH
191X	Durlmanama		77 3
IMMEDIATE CAUSE (A		y metastases	Unknown
ANTECEDENT CAUSE (8)			
DISEASES OR CONDITIONS, IF ANY, (B	, Bibrosard	coma of right buttocks	Unknown
STATING UNDERLYING CAUSE LAST.	ТО		
(c			
II OTHER SIGNIFICANT CONDITIONS CONTE			
DISEASE OR CONDITION CAUSING DEAT			
19A. DATE OF OPERATION: 198. MAJOR FIN	DINGS OF OPERATION	N	20. AUTOPSY?
			YES NO
OR CONTRIBUTING CAUSE OF DEATH OF IN (IF EITHER, NOTIFY MEDICAL EXAMINER)	PLACE (Home, farm, fact JURY street, office bldg.,	etc. INJURY OCCUR?	(State)
OF INJURY W	hile Not while at work	2 21F. HOW DID INJURY OCCUR?	
22 I haraby certify that I attended the d	accounted from 9 . 0	0 , 1954 to 8 · /2 , 1955, that I las	t saw the deceased
alive on 0 , 19 ? , and th	at death occurred at	3 A M, from the causes and on the date	
SIGNATURE MONTH	. 0		TE SIGNED
23. BURIAL CREMATION. DATE, CHEREOF	MANE OF COME		· /
TEMOVAL (SPECIFY)	The CEMET	ERY OR CREMATORY LOGATION (City, town, o	r county) (State)
DATE RESID BY LOCAL RESISTANCE OF	CHATURE	1 24 FUNERAL DIPECTOR	ADDRESS
REGISTRAND 13-55 Home	rostfurs:	Hafer + Muliol H	ADDRESS

DECEDVED.

BUREAU V. &

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

7511 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED):
COUNTY BALTIMORE MARYLAND	STATE MARYLAND COUNTY BY	Of-
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY		nd give nearest town)
OR and give nearest town) (in this place)	OR	and give treatees sommy
TOILI HOWARD 124 DAIS	TOWN BALTIMORE (4)	X
HOSPITAL OR INSTITUTION OR	STREET (If rural give location) ADDRESS	/
56 STREET ADDRESSVETERANS ADMINISTRATION HOSPI		
3. NAME OF (First) (Middle)		Ony) (Year)
DECEASED: CLARENCE H. RET	YNOLDS DEATH: AUGUST	6. 19 55
	OF BIRTH: 9. AGE last birthday IF UNDER TY	EAR IF UNDER 24 HRS.
MALE WHITE WIDOWED DIVORCED. 1-25-	-04 71 yrs.	aya Hours Min.
OA. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
work done during most of working life. even if retired): ELECTRICIAN B.&O. RATIROAD		S. A.
3. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	. D. M.
RICHARD T. REYNOLDS		
	CATHERINE M. JOHNSON	
S. WAS DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY NO. Yes, no, or ank.) (1f Yes, give war or dates	17. INFORMANT & ADDRESS:	
YES of service) WW I 701-03-5073	CLIN.REC.VET.ADM.HOSP., FT.HOWAR	חות
18. MEDICAL CERTIFICAT	TION	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
420.1	DOMOGTO	
IMMEDIATE CAUSE (A) CORONARY TH		
ANTECEDENT CAUSE (S) DUE TO ARTERIOSCIE	ROSIS	SUDDEN
DISEASES OR CONDITIONS, IF ANY. (B)		
GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST.	The state of the s	
(C)		
TOTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE THORACOTOMY	& RESECTION ESOPHAGEAL DIVERTICE	TIIM 2 DYS.
19A, DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO		1
8-4-55 THORACOTOMY & RESECTION I		20. AUTOPSY?
		YES NO
11A. ACCIDENT WAS UNDERLYING ☐ 21B. PLACE (Home, farm, fac R CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office bldg., IF EITHER, NOTIFY MEDICAL EXAMINER)	ctory. 21c. WHERE DID (City or town) (County, etc. INJURY OCCUR?	y) (State)
ID. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	D 21F. HOW DID INJURY OCCUR?	
F INJURY While Not while at work		
22. I hereby certify that attended the deceased from JULY	13 1955 to AUG. 6 1955 MEYYMY	AN A
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	t 4:15AM, from the causes and on the date s	stated above.
Marie Land Charles Neg -	211	E SIGNED
WILLIAM B. VANDEGRIFT, M.D.	M.D. VAH, FORT HOWARD, MARYTAND 8	-6-55
REMOVAL (SPECIFY)		county) (State)
BURIAL (SPECIFY) AUG. 9,1953 BALTIMORE 1	NATIONAL CEM. BALTIMORE, MARYI	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Je 4-5 / / A Hedrich	WM.COOK-BLIGHT, INC. FUNERAL H	l. MD
	6009 HARFORD ROAD, BALTIMORE 1	49 1114

ASSESSMENT OF THE SECOND SECTION OF THE SECOND THE RESIDENCE OF THE PARTY OF T ALL TO SERVICE OF A THREE PARTY.

MARYLAND STATE DEPARTMENT OF HEALTH

7512

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

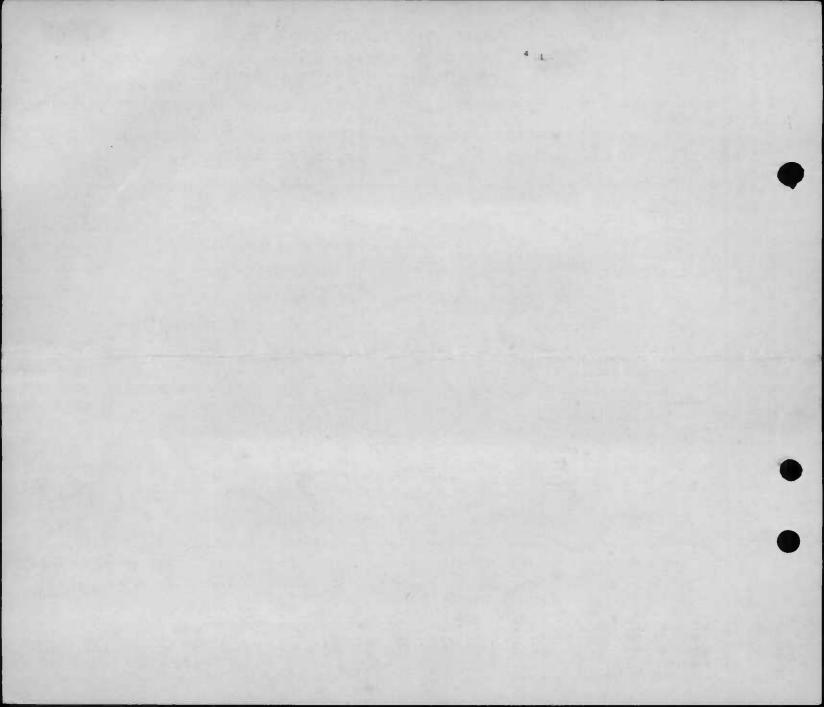
Reg.	Dist.	No	
			8

I. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED.	
COUNTY Ballinge MARYLAND	STATE Wary Pand COUNTY Balline	
CITY (If outside corporate limits, write RURAL and I LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town	ne
Y OR give nearest town) TOWN Nobel Cliff user Town on (in this place)	OR A/ / P OD' DD	,
HOSPITAL OR	OR TOWN Noteh Cliff wear Towson STREET ADDRESS (If rural, give location)	X
INSTITUTION OR STREET ADDRESS VIPPO May 1a Glessarin Rd	ADDRESS Glevarus Rd	/
3. NAME OF (First) (Middle)		(Year)
DECKASED	1 OF	
(Type or Print) Sister Mary Jacobin Ries 5. SEX 6. COLOR ON RACE 7. SINGLE, MARRIED,	DEATH fugust 5	1955
Teresale While WIOWED, DIVORCED, (Specify) Lingle	8. DATE OF BIRTH 9. AGE last birthdsy If under I year Months Days Hours	Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	DUWAT
done during most of working life, eyen if retired) INDUSTRY	Cornenva	***************************************
13. FATHER'S NAME	Ballimore Md.	
CB V D'		
Charles Ties	17. INFORMANT AND ADDRESS	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of		
pervice)	SI.M. Clara Notel Cliff, Md.	
18. MEDICAL CE		
	INTERVAL BE	TWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND I	DEATH
450,0 B	vouche Premusina 5 das	
Immediate cause (a)/J	vollère l'universa 5 das	7.5
Antecedent cause(s)	Erteus Scherosis 10 yr	
Diseases or conditions, if any, (b)	erteus Scherosis 10 ye	٥
giving rise to the above cause stating the underlying cause last		with advertising a paper
(c)	<u> </u>	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	I 20. AUTOPS	SY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,		No 🗆
SUICIDE OF office hidg., etc.)	(CITY OR TOWN) (COUNTY) (STATE	.)
HOMICIDE INJURY		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?	
INJURY m. Work At work		
41 6		
22. I hereby certify that I attended the deceased from Apail	, 1952., to Aug 5, 1955. that I last saw the decer	ased
alive on fug. 3 , 1955, and that death occurred at /:	m., from the causes and on the date stated above.	
SIGNATURE: (Degree or title)	ADDRESS DATE SIGN	NED
Allenda to MINALLA -	7501 York Rd 8/5/5	
		12 '
	RY OR CREMATORY LOCATION (City, town, or county) (Sta	
BURTAL 18-4 -33, VILLA M	ARIA CEMINOTCH CLIFF NR TOI	wso
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	AN BULLYNDAY DYDDAMOD	-
REGRUPIAL O M. Mondo	1 901 5 . CO WKEDRES	- 7
The state of the state of the	BALTO, 14 M	D.

The correct age M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15



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information

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3. NAME OF

5. SEX:

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No. 2. USUAL RESIDENCE (HOME) OF DECEASED 1. PLACE OF DEATH: Baltimore Baltimore COUNTY MARYLAND CITY(If outside corporate limits, write RURAL and give nearest town) CITY (If outside corporate limits, write RURAL) LENGTH OF STAY and give nearest town) (in this place) OR TOWN TOWN Cockeysville 20 vrs Cockeysville STREET HOSPITAL OR (If rural give location) **ADDRESS** INSTITUTION OR ATT STREET ADDRESS York Rd. Fork Rd. (First) (Last) 4. DATE (Month) (Day) (Year) Rilev Pleasant DEATH: 8-13-19 55 Joseph (Type or Print) 6. COLOR OR | 7. SINGLE, MARRIED, 8. DATE OF BIRTH: 9. AGE last birthday IF UNDER I YEAR IF UNDER 24 HRS. WIDOWED, DIVORCED. RACE: Months Days Hours (Specify): married 71 vrsyrs. white 6-16-1884 10a. USUAL OCCUPATION (Give kind of work done during most of working life. 108. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country): |12. CITIZEN OF WHAT OR INDUSTRY: COUNTRY? even if retired) laborer Balto. Co. Highway U.S.A. Maryland 14. MOTHER'S MAIDEN NAME: 13. FATHER'S NAME: John Riley Mary Jane 17. INFORMANT & ADDRESS: IS. WAS DECEASED EVER IN U.S. ARMED FORCEST (Yes. no. or unk.) (If Yes, give war or dates George H. Riley, Cockeysville, Md. of service) none 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH (A) IMMEDIATE CAUSE DUE TO ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS. IF ANY. GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. (C) IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY1 21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, 21c. WHERE DID (City or town) OR CONTRIBUTING CAUSE OF DEATH OF INJURY atreet, office bldg., etc. INJURY OCCUR? (County) (State) (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) While Not while 21F. HOW DID INJURY OCCUR? While at work at work 22. I hereby certify that I attended the deceased from yeary 31, 192 that I last saw the deceased , and that death occurred at // // AM, from the causes and on the date stated above. DATE SIGNED SIGNATURE BURIAL, CREMATION. NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) DATE THEREOF REMOVAL (SPECIFY) 8-16-55 Burial Sparks, Balto. Jessops Methodist DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR

Service. Sparks. Md.

BUREAU V. K.

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VUG 16 1955

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1807508

2. USUAL

STATE

7514 CERTIFICATE OF D

EATH	Reg. Dist. No.
RESIDENCE	(HOME) OF DECEASEO:
larvland	COUNTY a.a.

CITY(If outside corporate limits, write RURAL and give nearest town)

COUNTY Baltimore MARYLANO CITY (If outside corporate limits, write RURAL LENGTH OF STAY (in this place) and give nearest town) TOWN Ft. Howard 21 days HOSPITAL OR INSTITUTION OF

TOWN Pasadena STREET (If rural give location) AODRESS

6ASTREET ADDRESSVeterans Administration Hospital (Middle) (Last) First 3. NAME OF

18 Sanders Road 4. DATE (Month)

DEATH: August **WITT.T.TAM** (Type or Print) 8 DATE OF BIRTH: 9. AGE last birthday! IF UNDER ! YEAR 6. COLOR OR 17. SINGLE, MARRIED. WIDOWED. OIVORCEO. RACE: Months (Specify): Married White 11. BIRTHPLACE (State or foreign country): |12, CITIZEN OF WHAT 10A. USUAL OCCUPATION (Give kind of: 10B. KIND OF BUSINESS

OR INOUSTRY: work done during most of working life. even if retired) : Mechanic Fertilizer Business

Staunton, Virginia Josephine Bailev 17. INFORMANT & ADDRESS:

13. FATHER'S NAME:

I. PLACE OF OEATH:

DECEASED

James W. Ritter 15. WAS DECEASED EVER IN U.S. ARMED FORCES! (Yes, no, or unk.) (If Yes, give war or dates

of service WW-1

16. SOCIAL SECURITY NO. 213-01-6878

Clin. Rec., Vet. Adm. Hosp., Ft. Howard, Md.

18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

ADENOCARCINOMA, LEFT LUNG WITH METASTASIS

IMMEDIATE CAUSE

ANTECEDENT CAUSE (S' DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. MODEOU (B) DUE TO

(C)

at work

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE

DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: I 198. MAJOR FINDINGS OF OPERATION

20. AUTOPSYT YES T NO X

(State)

(County)

ONSET AND DEATH

(Year)

19 55

Hours

COUNTRY?

U.S.A.

20.

Dava

21A. ACCIDENT WAS UNDERLYING | 21B. PLACE (Home, farm, factory. OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour)

21E INJURY OCCURRED Not while

at work

21F. HOW OID INJURY OCCUR?

21c. WHERE DID (City or town)

INJURY OCCUR?

22. I hereby certify that attended the deceased from July 30, 1955, to Aug. 20, 1955, xxxxxxxxxx DATE SIGNED SIGNATURE

TO BONE

23. BURIAL. CREMATION. REMOVAL (SPECIFY) Burial

M. O. NAME OF CEMETERY OR CREMATORY

VAH, FORT HOWARD, MD. LOCATION (City, town, or county)

(State) Baltimore, 14, Maryland

ADDRESS

Parkwood Cemetery REGISTRAR'S SIGNATURE DATE REC'D-BY LOCAL REGISTRAR

Ulrich Funeral Home 2112 Dundalk Ave., Baltimore 22, Md.

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MARYLAND	STATE	DEPARTMENT	OF	HEALTH—BALTIMOI	RE,	18	075	509
Mar on a	CITAT	KICH A DAKKEUNG	OI	TICH A STATE S				2/

7515 CERTIFICATI	
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Baltimore MARYLAND	STATE Maryland county Baltimore
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	
OR and give nearest town) (in this place)	OR /
V ELLICOPE OLON (LIGHT) Oct 120.	STREET (If rural give location)
HOSPITAL OR INSTITUTION OR	ADDRESS
STREET ADDRESS River Road	River Road
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
Type or Print: JESSE WARNER RUFF Sr.	DEATH: Aug. 20, 1955
RACE: WIDOWED, DIVORCED.	6, 1891 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Mi
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter OB. KIND OF BUSINESS OR INDUSTRY: Self employed	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WH COUNTRY? Maryland U. S. A.
even if retired): Painter Self employed	Maryland U. S. A.
George E. Ruff	Mary E. Davis
(Yes, no, or unk.) (If Yes, give war or dates	114
No of service) 218-14-6216	Mrs. Mary E. Ruff River Road Ellicott Ci
18. MEDICAL CERTIFICA	TION INTERVAL BETWE
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEA
332×	and them loves 12 hos
IMMEDIATE CAUSE (A)	ca Incomouses in the
ANTECEDENT CAUSE (S)	
GIVING RISE TO THE ABOVE CAUSE DUE TO	
STATING UNDERLYING CAUSE LAST.	-0 0 0 11
(C) ARIENCO	Schools, Sough zel Unliner
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.	V T
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO	ON 20. AUTOPSY
	YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor of Contributing Cause of Death (If either, notify medical examiner)	., etc. INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRE While Not while at work	
22. I hereby certify that I attended the deceased from	. 10
alive on 8-20 19 25, and that death occurred at	M, from the causes and on the date stated above. ADDRESS DATE SIGNED
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMET	TERY OR CREMATORY LOCATION (City, town, or county) (Sta
	nerd Cemetery Ellicott City, Md.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24 FUNERAL DIRECTOR ADDRESS
REGISTRAR 122/35 U.E. Harry	Catonsville, Md.

BUREAU V. S.

1922 JA22

DECENTED

....m., from the causes and on the date stated above.

J.F. Eline & Son's Reisterstown, Md.

LOCATION (City, town, or county)

Pikesville, Maryland

(State)

alive on SIGNATURE

23. BURIAL, CREMATION REMOVAL (Specify)

DATE REC'D BY LOCAL

REG. 7 . 30 - 55

DATE

1. PLACE OF DEATH- COUNTY Baltimore	MARYLAND	STATE Mar	e (home) of decea	COUNTYBalt	
CITY (If outside corporate limits, write RURA OR give cerest town) Mills	L and LENGTH OF STAY (in this place)	OB	rporate limits, write RUI		town)
HOSPITAL OR OR INSTITUTION OR STREET ADDRESS GWynbrook	Ave.	STREET ADDRESS GW	(If rural, give rynbrook Ave		1
3. NAME OF (First) DECEASED	(Middle)	(Last) Rutter	OF	Month) (Dey)	(Year) 19 5
(Type or Print) 5. SEX F. SCOLOR OR RACE W.	7. SINGLE, MARRIED, WIDOWED, WITOEWED, WITOEWED	8. DATE OF BIRTH Feb. 27, 188	9. AGE last birthda	y If under. 1 year If Months. Days H	under 24 hr
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY HOUSewife	11. BIRTHPLACE (Sta Baltimor	ate or foreign country)	12. CITIZEN COUNTS	
Charles E. Marshall		14. MOTHER'S MAII	E. Disney		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, on whichown) (If year, give way or detes of service)	1 16. SOCIAL SECURITY NO. None	17. INFORMANT ALL CILITON Ru	nd Address tter, Owings	Mills Md	•
I. DISEASES OR CONDITIONS DIRECTLY I	18. MEDICAL CE	RTIFICATION Thros	mbris		AL BETWEEN AND DEATE
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	Virus interfer	in the trans	f Lastro	= -130	lays
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death	b. V				4
19a. DATE OF OPERATION 19b. MAJOR F	INDINGS OF OPERATION			20. AU	TOPSY?
21. ACCIDENT (Specify) PLAC OF INJU	CE (Home, farm, factory, street, office bldg., etc.)	(CITY (OR TOWN)	(COUNTY) (ST	FATE)
TIME (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Not While	HOW DID INJURY	OCCUR?		

and that death occurred at.

1955

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24. FUNERAL DIRECTOR

BUREAU V. S.

SEP I 1955

BECEINED

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH 74)3

FOR MEDICAL	L EXAMINERS Reg. Dist. N	04
I. PLACE OF DEATH- COUNTY BALTIMORK MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED- COUNT	YRPITA.
CITY (If outside corporate limits, write RURAL and CITY (In this place) TOWN MARYLAND LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and grown DUNDIALK (22)	ve nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6743 HOLABIRD AUE	STREET ADDRESS 6743 HOLABIRD	ANE. 1
3. NAME OF DECEASED (First) (Middle) (Type or Print) STANLEY JOSEPH	SABOY A. DATE (Month) OF DEATH AUG.	(Day) (Year)
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) STAGLE	5 DEC. 1927 27 yrs. Months	I year If under 24 hrs Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	BALTIMORE, and	COUNTRY?
JOSEPH J. SABOY	CATHERINE S. WIAUBAC	H
16. Was Decrased Even in U.S. Armed Forcis? 16. Social Security No. (Yes, ho or unknown) (If yes, give war or dates of 2/8-22-9094	17. INFORMANT AND ADDRESS C. S. WIAUDICH - MOTHER-	SAME
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH. Immediate cause (a) Se Lf-Inflected	MULTIPLE EXCERTION	INTERVAL BETWEEN ONSET AND DEATH
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	s + Abdomen—	
II. UTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING OF Office blog, etc.) CAUSE OF DEATH.	JULIANS DAY	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while INJURY OCCURRED work at work	Lef Suffer Wound & Ra	yn Bloke
22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said dece from: natural causes [] accident [], suicide [4, homicide [],	eased died on the dry stated above, and death in my	opinion resulted
SIGNATURE MA MA MA MAN	Eau - Thulack - vv my	8/17/VS
REMOVAL (Spreity) AUC. 19, 1955 BALTO. NAT	TOWAL CEA: BOUTS M.	
REG. 7-1955 William M-KOV.	Walte Lunde Brolley, Devolat	ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

M



BUREAU V!

OR WRITE PLAINLY, WITH UNFADING INK.

carefully. The

Supply every item of information

PLEASE TYPE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07512

7517 CERTIFICATE OF DEATH

Reg.	Diet	No
ner.	DISL.	TAO.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Baltimore MARYLAND	STATE Maryland COUNTY
COUNTY DELITION MARYLAND CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nearest town)
52 OR and give nearest town) (in this place) 52 TOWN Catonsville 7vr.lmo22	OR D
HOSPITAL OR INSTITUTION OR	STREET (If rural give location)
4 STREET ADDRESS Spring Grove State Hospi	tal 4017 Norfolk Avenue
	Last) 4. DATE (Month) (Day) (Year)
DECEASED: (Type or Print) Ethel	Sapero OF DEATH: 8 23 19 55
	OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS.
Female White (Specify): Married 6	
OA. USUAL OCCUPATION (Give kind of Mork done during most of working life, OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT
even if retired):	margland VIA
3. FATHER'S NAME: Miller	14. MOTHER'S MAIDEN NAME:
hathan miller	Jena Caplan
S. WAS DECEASED EVER IN U.S. ARMED FORCEST 16, SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
Yes, no, or unk.) (If Yes, give war or dates of service)	Michael Milla 3300 Powhatan ave
18. MEDICAL CERTIFICAT I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
1./24	
IMMEDIATE CAUSE (A)	oud
IMMEDIATE CAUSE ANTECEDENT CAUSE (S: DUE TO	
DISEASES OR CONDITIONS, IF ANY, (B) Here level	wio Cardenner on Mouse
GIVING RISE TO THE ABOVE CAUSE DUE TO	A RECEIVED TO THE PARTY OF THE
STATING UNDERLYING CAUSE LAST.	
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE	na Sulland
DISEASE OR CONDITION CAUSING DEATH. Defent 194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	rale syndione
198. MAJOR FINDINGS OF OPERATION	20. A010F317
	YES NO
21a. ACCIDENT WAS UNDERLYING ☐ 21a. PLACE (Home, farm, fact or CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office bldg., 1st either, notify medical examiner)	ory. 21c. WHERE DID (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
M. While at work at work	
22. I hereby certify that I attended the deceased from A.	the 19 J. to Ang Park 19 J. that I last saw the deceased
alive on 1.23, 19, and that death occurred at	ADDRESS DATE SIGNED
O K. J.	8/23/15
	ERY OR CREMATORY LOCATION (City, town, or county) (State)
REMOVAL (SPECIFY)	111 + 10 18 2 1
Bund my 5/35 Bell for	or amery Bello, mos.
DATE RECED BY LOCAL RESISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
XING/ST MARKET STANKE	All Menneson a Brown of Ballo Mal

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BUREAU V. K.

AUG 31 1955

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07515

7519	CEDMINIC AME	OT	TATE	FRITT
6018	CERTIFICATE	OF		VIII

Reg. Dist. No.

724	
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Sallemoll MARYLAND	STATE COUNTY
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write/RURAL and give negrest town)
55TOWN (in this place)	TOWN Washington D. C.
HOSPITAL OR MAN (11/1)	ADDRESS
90 STREET ADDRESS //WWY UMUW	1451 Vary Rd 4-12-01
S. NAME OF DECEASED: (First) (Middle) Sch	(CRMCROCK) 4. DATE (Month) (Day) (Year) OF DEATH: 8 2/ 1955
5. SEX: 6. COLOR OR 7. SINGLE MARRIED, 8. DATE RACE: WIDOWED, DIVORCED,	OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRB.
J W (Specify): Clug,	12,1868 87 yrs. Months Days Hours Min.
work done during most of working life. or INDUSTRY: even if retired):	BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME
George Schermerhorn	Catheline Doughtery
(Yes, no, or unk.) (If Yes, kive war or dates of service)	MINICI LION alla along 2700 June Ride
18. MEDICAL CERTIFICAT	TON INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND CEATH
331X	In al slaw was had
Due To	bral Hemourhage
ANTECEDENT CAUSE (S)	teriocelerosis
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	Criocellosis
(c)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO []
21A. ACCIDENT WAS UNDERLYING \(\) 21B. PLACE (Home, farm, fact OR CONTRIBUTING \(\) CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory. 21c. WHERE DID (City or town) (County) (State)
21p. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED) 21F. HOW DID INJURY OCCUR?
OF INJURY M. While at work at work	.,
22. I hereby certify that I attended the deceased from ap	1955 to Rue, 1955, that I last saw the deceased
alive on . 8./19/ . 1955, and that death occurred at	6 AM, from the causes and on the date stated above. ADDRESS DATE, SIGNED
	D. limonium 8/21/35
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE REMOVAL (SPECIFY) 823/55 NAME OF CEMETE 123/55	Water County (City, town, or county) (State)
DATE PEC'D BY LOCAL REGISTRAR'S SIGNATURE	24. EUNERAL DIRECTOR MI ADDRESS L

SA AND SOCIED HOLDERS OF SELECTION OF SELECT

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Supply every item of information carefully. The

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07518 CERTIFICATE OF DEATH Reg. Dist. No. 3

		reg. Dist. No.	
oly.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
gil	COUNTY Galtimore MARYLAND	STATE HOL COUNTY	
le		CITY(If outside corporate limits, write RURAL and give nearest to	wn)
and legibly	OR said give nearest town (in this place)	TOWN / gal-times 3 VOL	4
	HOSPITAL OR	STREET (If rural give location)	-
death clearly	INSTITUTION OF A STREET ADDRESS TO A STREET A STREET ADDRESS TO A STREET A STREET ADDRESS TO A STREET A S	ADDRESS 436 M.	V
cle	3. NAME OF (First) (Middle)	(Last) A DATE (Month) (Duy) (Year)	=
th	DECEASED: MA	OF'	
dea	5/ SEX: 6.0CDL97 OR 7. SINGLE, MARRIED 8. DATE	OF BIRTH 9. AGE last birthday IF DIOER 1 YEAR IF UNDER 24 HI	5
*	MIDOWED BWORGED (Specify)	Months Days Hours M	_
62	made their Hadinasan,	0-/884 7/ yrs. 8+	
causes	10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS work done during most of working life. OR INDUSTRY:	11, BIRTHPLACE (State, or foreign country): 12. CITIZEN OF WH	IAT
	even if retired somaley our houl	Ballemore Ha	
the	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
te	Dep. Frech	Catherine yarhold	/
write	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unk.) (If Yes, give war or dates	UT. ANFORMANT & ADDRESS:	
	of service) Mone	Down H. Schweden	
please	18. MEDICAL CERTIFICAT	ION INTERVAL BETWI	EEN
pld	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DE	TH
	422.1	Pradia Harry Day	
ans	IMMEDIATE CAUSE (A)	more of municipal of an	41
Physicians	ANTECEDENT CAUSE (8)	ateria soles motion 20	
ıys	GIVING RISE TO THE ABOVE CAUSE DUE TO	suns sellosus,	_
P	STATING UNDERLYING CAUSE LAST.		
nt.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
ta	TO THE DEATH BUT NOT RELATED TO THE		
pol	DISEASE OR CONDITION CAUSING DEATH.		
important.	19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPST	7
		YES NO	
especially	21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF either, notify medical examiner)		
Sp	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	_
is	OF INJURY M. While Not while at work at work		
	22. I hereby certify that I attended the deceased from	, 19.50 to Quecy. , 19.55 that I last saw the decea	sed
age	alive on July 3/, 1955, and that death occurred at	8-2 (M, from the causes and on the date stated above.	
ct	SIGNATURE	ADDRESS DATE SIGNED	1
correct	Mallaj, Less	.o. wellessoulle MX 8/1	150
00	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE	ERY OR CREMATORY LOCATION (City, town, or county) /(Sta	ite)
	8/3/55 Malinn	ore Considered Toalto Hos	
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS	1

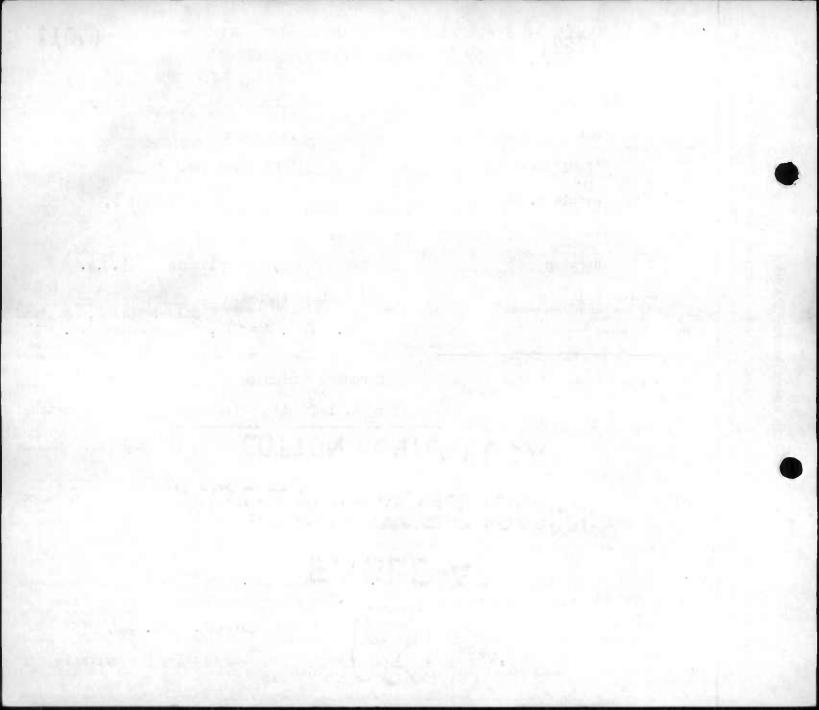
BUREAU V.

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PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information refully. The

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07517 CERTIFICATE OF DEATH Reg. Dist. No. 3

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED):
county Baltimore MARYLAND	STATE Maryland county Balti	more
CITY (If outside corporate limits, write RURAL, LENGTH OF STAY	CITY(If outside corporate limits, write RURAL a	
OR and give nearest town) (in this place) TOWN Larchmont	TOWN Larchmont	X
HOSPITAL OR INSTITUTION OR	STREET (If rural give location)	1
STREET ADDRESS 2401 Birch Road	2401 Birch Read	
NAME OF (First) (Middle) DECEASED: (Type or Print) Jennie M. Shaffer	(Last) 4. DATE (Month) (I OF DEATH: August 2	(Year) 1955
6. SEX: 6. COLOR OR 7. SINGLE. MARRIED. 8. DATE	OF BIRTH: 9. AGE last birthday Funcer 1 Y Months D	ays Hours Min.
	er 4, 1876 78 yrs.	CITIZEN 05 11111
A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife		S.A.
3. FATHER'S NAME:	Waynesboro, Pennsylvania U.	0 411 4
John Wesley Phillips	Elizabeth Smith	
. WAS DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY No.	17. INFORMANT & ADDRESS: Silver Spri	ng. Maryland
Yes, no, or unk.) (If Yes, give war or dates No	Mr. John W. Shaffer, 2500 Ennall	s Ave.
18. MEDICAL CERTIFICAT	ION	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
IMMEDIATE CAUSE (A)CO	ronary Occlusion	1 hour
DUE TO		
ANTECEDENT CAUSE (S)	ma, left with Metastases	6 months
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	na, 1610 WIOH Medasoases	O MONTONS
(C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING DEATH. 9a. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	N (Maryland General Hospital)	20. AUTOPSY?
April 1955 Hypernephroma, left with		YES NO 2
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fac R CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,	tory. 21c. WHERE DID (City or town) (Count etc. INJURY OCCUR?	ty) (State)
P. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	2 1F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Nove.		
alive on August 1, 1955, and that death occurred at	10.15M, from the causes and on the date and an	stated above.
Millary Traband I M	D. 5101 Gwynn Oak Ave. Balt. 7	3/3/55
Burial (SPECIFY) August 5,1955 (Araceland Ce	emetery Location (City, town, or	
DATE DECIMORY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
REGISTRAR	Wmg Tinkers Some Bette 17 7	



VS. A15A

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	Supp	write
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	WRITE PLAINLY, WITH UNFADING INK. Supply every item of information caref	ant. Physicians: please write th
		نب
	WITH	mportan
	LAINLY,	is especially important. I
	TE F	. T.

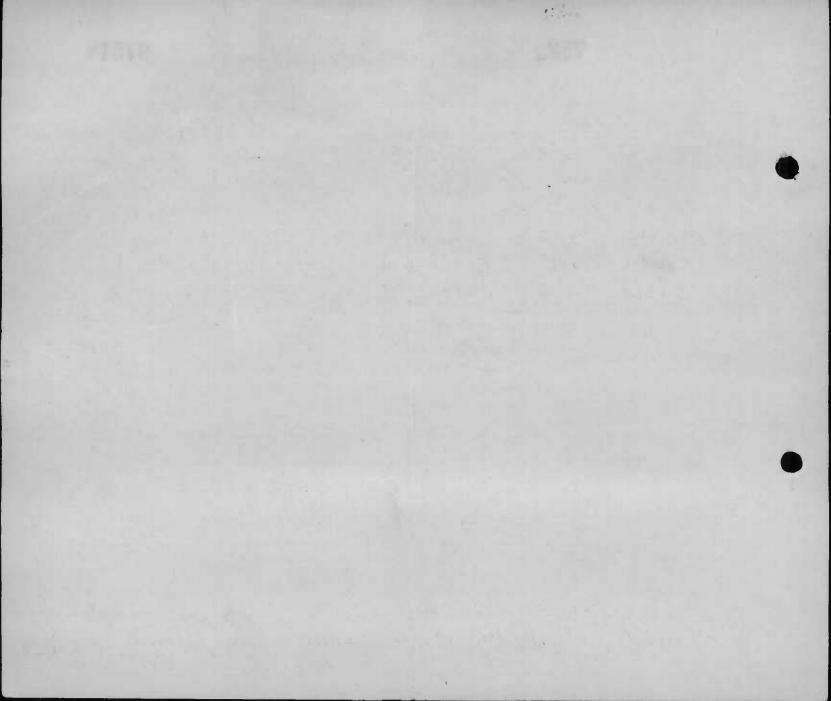
7522 MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

07518

TOR MIDDIONI	Reg. Dist. No	D
I. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED.	
COUN Dattimise MARYLAND	STATE Maryland COUNT	Y Bakt
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (Il outside corporate limits, write RURAL and give	ve nearest town)
X TOWN Work O'S ifn	TOWN Colovane	X
HOSPITAL OR INSTITUTION OR	STREET (If paral give location)	01
STREET ADDRESS 43,5 Chwally are	ADDRESS 435 Schwart	rele.
3. NAME OF (First) (Middle)	Rent DATE (Month) OF DEATH THE TENENT	(Day) (Year)
(Type of Print) 6. CQLOBOR RACE 7. SINGLE, MARRIED.	021111111111111111111111111111111111111	13 1955
mall Colored WIDOWELL	an. 1, 1890 63 yrs. Months	I year II under 24 hrs. Days Hours Min.
done during most of working life, even if retired) in the family and family and family family family		COUNTRY?
13. PATHER'S NAME I IN.	14. MOTHER'S MAIDEN NAME	
Mills 7, Flinner	Cavina Castins	/
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If yes, give war or dates of service)	THE REPORT OF THE PARTY OF THE	fores
18. MEDICAL CEI	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	0	INTERVAL BETWEEN
11201		ONSET AND DEATH
Immediate cause (a) Coyonary	(celusion	Suddes
Antecedent cause(s) Diseases or conditions, if any, giving rise to the shove cause stating the underlying cause last (c)		at M for the support plant, prime passed and a single
II. O'THER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No
21. EXTERNAL CAUSE WAS PRIMARY GOR CONTRIBUTING GOF office bldg., etc.) CAUSE OF DEATH.	(CITY OR TOWN) (COUNTY)	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while INJURY m.	HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said decemple of the natural causes of occident of suicide of homicide of the natural causes of occident of the natural causes of	ulopsy Inspection Inquiry thereon and used died on the dry stated above, and death in my undetermined ADDRESS	from the evidence opinion resulted DATE SIGNED
Charles & Chonnell mo	7501 Yack Rd. Tourson	1 4 m 2 1/3/15
Similar Suy W. 1950, Mr. Co	or CREMAYORY LOCATION (City, town, or count	My Chate)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECCORD Francis	CADORESCIA.

Dino



7523

073	519
Reg	Dist.

Leonard J. Ruck, 5305 Harford Hoad #11

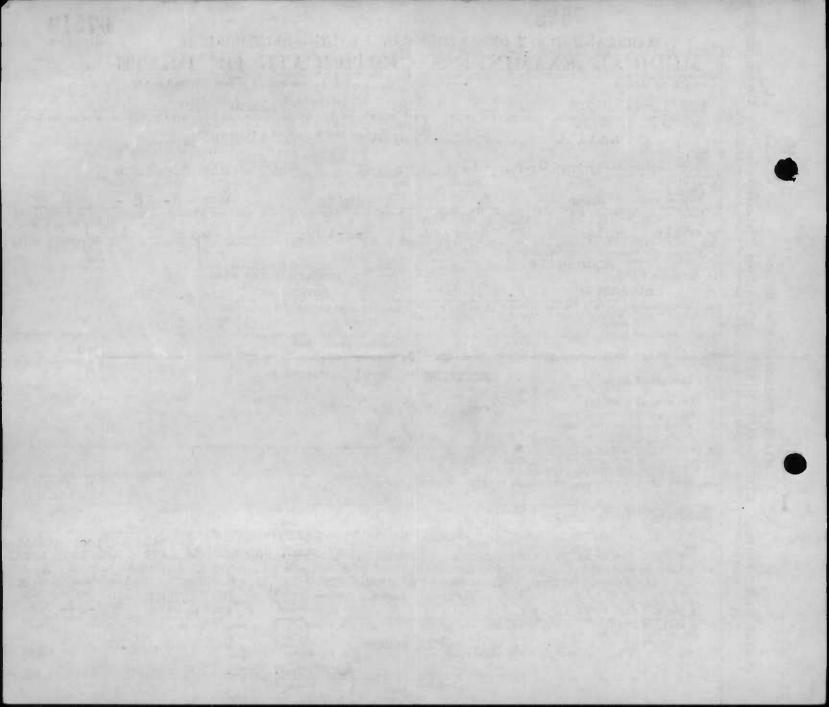
MARYLAND STATE DEPARTMENT OF	HEALTH—BALTIMORE, 18	Reg. Dist.
Legges I Dez E P I Elli III I I LOWO - 2 2 COMO	RTIFICATE OF DEATH	No. 30
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Baltimore MARYLAND	STATE Maryland COUNTY	
CITY (If outside corporate limits, write RURAL OR and give nearest town) ZTOWN Catonsville LENGTH OF STAY (in this place) App. 29 hour	CITY (If outside corporate limits write RURAL and OR Baltimore	give nearest town)
HOSPITAL OR WINSTITUTION OR STREET ADDRESS Spring Grove State Hospit.	STREET (If rural, give location)	V
3. NAME OF (First) (Middle) DECEASED: (Type or Print) Anna M.	(Last) 4. DATE (Month) (Day OF DEATH 8-28-) (Year) 19 55
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DAT	FE OF BIRTH: 9. AGE last birthday: IF UNDER 1 Y Months De 19. AGE last birthday: Months De 19. AGE last birthday: De 19. AGE last birthday: Months De 19. AGE last birthday: D	
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Housewife	OR 11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Wakanowa Michael J. Kalista	Harkerson Anna M. Holub	
15. Was Deceased Ever In U.S. Armed Forces? (Yes, no, or unk.) (If Yes, give war or dates of service)	17. INFORMANT & ADDRESS: Mr. August Smith, 5408 Gerland Av	e #6
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	cal CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause DUE TO Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c) (a) (a) (b) (b) (c) (c) (d) (e)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes No [
21a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING OF Street, office bldg., et 1NJURY	c.,	(State)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while at work [ner nead, appeared to have a is	
22. I hereby certify that I took charge of the remains descr find that death resulted from: Natural causes Acc SIGNATURE	eident 🗀 , Suicide 🖂 , Homicide 🖂 , Undeter	, Inquiry , and rmined cause . DATE SIGNED 8-29-55
REMOVAL (Specify): Aug. 31, 1955 Holy Rede	emer Cemetery Baltimore, Md.	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	Z4. FUNERAL DIRECTOR Leonard J. Buck 5305 Harford	ADDRESS

PLEASE

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VS. A15A - 5 - 53

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CERTIFICATE OF DEATH

Reg. Dist.	No
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		_
1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.	
COUNTY Lingue MARYLAND	STATE VIRGINIA COUNTY CLA-RX	
CITY (If outside corporate limits write BUDAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)	
OR give nearest town) (in this place)	TOWN BONTANVILLE 83X-3	
HOSPITAL OR	STREET (If rural, give location)	_
O STREET ADDRESS (O/loge) manage	ADDRESS	_
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) / c/e/ Levenungth:	Smith DEATH 8 - 29 195	53
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 241	
(Specify) WIDOWED, DIVORCED,	6-14-1894 8/ yrs. Months. Days Hours M	in.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT	AT
done during most of working life, even if retired) INDUSTRY	Petersburg, VA, COUNTRY?	-
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Foodnick towards / bus will not	Elasin Wymontina LAWARENC	P
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, no, or unknown) (If year, give war or dates of service)		
(Set Vice)		=
18. MEDICAL CE	RTIFICATION INTERVAL BETWE	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEA	PH
420.1	2 day	2
Immediate cause (a)	y	<i>l</i>
Antecedent cause(s)		
Deve	il arterio selvosio	
Diseases or conditions, if any, (b)		
stating the underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?	-
	Yes No	R
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY) (STATE)	1
SUICIDE OF office bldg., etc.) HOMICIDE INJURY		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?	
OF INJURY m. While at Not While Work At work		
	1: 201	
22. I hereby certify that I attended the deceased from May 24.	, 1955., to4.7, 19.55., that I last saw the deceased	1
28 (1 . 10 25 and that double assumed at	535 P.m., from the causes and on the date stated above.	
alive on 28	ADDRESS DATE SIGNED	0
SIGNATURE	DINCIL + ST Balt -> MIL 26 line	00
23. BURIAL CREMATION DATE NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or county) (State)	12
23. BURIAL, CREMATION DATE REMOVAL (Specify) NAME OF CEMETE	Marth 111 Mi.	
garas ogg (1) of arthur	24. FUNERAL DIRECTOR ADDRESS.	
DATE REC'D BY LOCAL REGISTRAR'S SIGNABULE	24. FUNERAL DIRECTOR ADDRESS	1
Mug 121, 1955 Unna J. Machae	I - I was failed.	4
		1-





BUREAU V. S.

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especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

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correct age

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Supply every item of information carefully.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 () 7521

7525 CERTIFICATE OF DEATH

Reg. Dist. No. 30

	Tog. Dist		
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:	
COUNTY Baltimore MARYLAND	UNTY Baltimore MARYLAND STATE Maryland COUNTY		
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)	CITY(If outside corporate limits, write RURAL a	and give nearest town)	
52Jown Catonsville lmo.9days	Town Baltimore 3	VO1-4	
HOSPITAL OR	STREET (If rural give location)		
14 STREET ADDRESS pring Grove State Hospit		reet	
3 NAME OF (First) (Middle) DECEASED:	(Last) 4. DATE (Month) (Day) (Year)	
(Type or Print) Hannah Liebold S:	nyder DEATH: August	24, 19 55	
RACE: WIDOWED DIVORCED	OF BIRTH: 9. AGE last birthday IF UNDER 1		
	-1883 72 yrs.		
IOA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country): 12.	COUNTRY?	
even if retired) Housewife	Maryland	USA	
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:		
Paul Liebold	Annie Liebold		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unk.) (If Yes, give war or dates	17. INFORMANT & ADDRESS:		
No of service) Unknown	Records Spring Grove Stat	e Hospital	
18. MEDICAL CERTIFICAT	ION	INTERVAL BETWEEN	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH	
260X	Almout and a	134 POLAT	
	thrombosis		
ANTECEDENT CAUSE (S)			
CIVILLE DICE TO THE ADOVE CALLED	clerotic heart disease		
STATING UNDERLYING CAUSE LAST.	W-22/by-		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	Mellitus		
TO THE DEATH BUT NOT RELATED TO THE			
DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
		YES NO	
21a. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Home, farm, fact OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	ory. 21c. WHERE DID (City or town) (Countetc. INJURY OCCUR?	(State)	
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED OF INJURY While Not while	21F. HOW DID INJURY OCCUR?		
OF INJURY M. While Not while at work at work			
22. I hereby certify that I attended the deceased from 7-15	1955, to 8-24 1955, that I last	saw the deceased	
alive on 8-24- , 1955, and that death occurred at	2:10 M, from the causes and on the date	stated above.	
Stella Wachsler	Spring Tove State Hospit		
23. BURIAL, CREMATION, DATE THEREOF , NAME OF CEMETE	RY BR CHEMATORY COCATION CONT. TOWN. OF	county) (State)	
Burial (SPECIFY) Angros 27/55 - mount	Olivet Baltimore M		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	

BUREAU V. S.

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2411 N. Charles Street, Baltimore CERTIFICATE OF DEATH Reg. Dist. No..... Item 12. Film G185. 8-24-55 1. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY STATE COUNTY Maryland Baltimore MARYLAND CITY (if outside corporate limits, write RURAL and TOWN givo nearest town) Catonsville LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) of information carefully death clearly and legibly. (in this place) Catomsville TOWN HOSPITAL OR INSTITUTION OR STREET (If rural, give location) in the pines ouse ADDRESS Fairfield Fusting Dr. STREET ADDRESS 3. NAME OF (Middle 4. DATE (Month) (Last) (Day) (Year) DECEASED DEATH (Type or Print) 7. SINGLE, MARRIED, COLOR OR RACE 9. AGE last birthday 5. SEX of under 24 hrs WIDOWED DIVORCED, (Specify) WidoWer Months | Days Hours | Min. 10a. USUAL OCCUPATION (Give kied of work done during most of working life, even if retired) 11. BIRTHPLACE (State or foreign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT Balto City COUNTRY? U.S.A. item es of d 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown ly every i 15. WAS DECRASED EVER IN U.S. ARMED FORCES? | 17. INFORMANT 16. SOCIAL SECURITY NO. ADDRESS (Yes, no, or unknown) | (If yes, give war or dates of service) 18. MEDICAL CERTIFICATION Suppl write INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH INK. Immediate cause Antecedent cause(s) UNFADING t. Physicians: Diseases or conditions, if any, IARGÍN giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not melielines related to the disease or coodition causing death. PLAINLY, WITH Us especially important. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION Yes I № П 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) (CITY OR TOWN) (COUNTY) (STATE) SUICIDE HOMICIDE INJURY INJURY OCCURRED HOW DID INJURY OCCUR? TIME (Month) (Day) (Year) (Hour) While at Not While INJURY Work At work 22. I hereby certify that I attended the deceased from 2122, 195...., that I last saw the deceased ADDRESS and on the date stated above. WRITE and that death occurred at. alive on DATE SIGNED (Degree or title) SIGNATURE NAME OF CEMETERY 23. BURIAL, CREMATION LOCATION (City, town, or county) PLEASE (State) REMOVAL (Specify) REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR DATE REC'D BY ADDRESS admondson

BUREAU V. S.

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CERTIFICATE OF DEATH

Reg. Dist. No.



RGIN RESERVED FOR

Item 2, FilmG185 8-15-55 et 1. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY STATE COUNTY BALTO MARYLAND CITY (If outside corporate limits, write RURAL and LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) OR give nearest town)
TOWN (in this place) Theore Aberdeen P.G. 124-2 TOWN HOSPITAL OR STREET INSTITUTION OR ADDRESS VILLA-BENLOWAAM O STREET ADDRESS MERCY KIRXILEYIIVILLIA LIRIOUANIYII 3. NAME OF (First) (Middie) (Last) 4. DATE (Day) (Year) DECEASED 1977 E. SPRAKER ANNA (Type or Print) DEATH 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE last birthday | If under. I year | If under 24 hrs. 5. SEX Months. Days Hours | Min. JULY 4,1876 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) INDUSTRYONE done during most of working life, even if retired) COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JOHN WETZLER DUMLER THERESIA 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17_INFORMANT AND ADDRESS (Yes, no, or unknown) | (If year, give war or dates of service) 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? No 1 Yes 🗆 (CITY OR TOWN) (COUNTY) (STATE) 21. ACCIDENT PLACE (Home, farm, factory, street, (Specify) OF office bldg., etc.)
INJURY SUICIDE HOMICIDE INJURY OCCURRED HOW DID INJURY OCCUR? TIME (Month) (Day) (Year) (Hour) While at Not While Work INJURY that I last saw the deceased 22. I hereby certify that I attended the deceased from m from the causes and on the date stated above. that death occurred at. ADDRESS DATE SIGNED CEMETERY LOCATION (City, town, or county) (State) 23. BURIAL, CREMATION DATE NAME OF REMONAL (Specify DATE REC'D BY LOSAL

DEVISOR OF 1955

BUREAU V.

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

PLEASE TYPE OR WRITE

MARYLAND	STATE	DEPARTMENT	OF	HEALTH—BALTII	MORE,	18	0	7524
7500		THE STREETING						30

7528	CERTIFICATE	OF	DEATH
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Reg. Dist. No. 9

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:		
COUNTY Baltimore MARYLAND	STATE Md. COUNTY Baltimore		
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nearest town		
V TOWN Phoenix Rural 2 months	or Town Phoenix, Rural		
HOSPITAL OR	STREET (If rural give location)		
of Street address Paper Mill Rd.	ADDRESS Paper Mill Rd.		
	Last) 4. DATE (Month) (Day) (Year)		
(Type or Print) Ella May So	DEATH: 6 14 1959		
	The state of the s		
female white (Specify): widow 12-9-	1874 80 yrs yrs. Months Days Hours Min.		
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHA		
even if retired): housewife home	New York U.S.A.		
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:		
Wm Ronodiat	Elizabeth Goodell		
	17. INFORMANT & ADDRESS:		
(Yes, no, or unk.) (If Yes, give war or dates	Mrs. Maude E. Meyer, Phoenix, Md.		
	ION INTERVAL BETWEE		
mox Do	4 0 9 4		
IMMEDIATE CAUSE (A) LULINONA	ry Hemorr hage Justout.		
ANTECEDENT CAUSE (S)	M D A 170 9		
DISEASES OR CONDITIONS, IF ANY. (B) Dilatera	Culyronary (BC. 1		
CIVING DISE TO THE ABOVE CALLSE			
GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST.			
STATING UNDERLYING CAUSE LAST. DUE TO	O'		
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	CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Phoenix, Rural HOSPITAL OR INSTITUTION OR STREET ADDRESS Paper Mill Rd. 3. NAME OF DECEASED: (Type or Print) 5. SEX: 6. COLOR OR 7. SINGLE. MARRIED 8. DATE RACE: WILDOWED. DIVORGED. 12-9-10A. USUAL OCCUPATION (Give kind of work done during most of working life. even if retired): housewife 10B. KIND OF BUSINESS OR INDUSTRY: home 13. FATHER'S NAME: Wm. Benedict 15. WAS DECEASED EVER IN U.S. ARMED FORCEST (Yes, no, or unk.) (If Yes, give war or dates no of service) 16. MEDICAL CERTIFICAT NONE 17. SINGLE. MARRIED 8. DATE WILDOWED. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 18. MEDICAL CERTIFICAT DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 18. MEDICAL CERTIFICAT DUE TO DUE TO DISEASES OR CONDITIONS, IF ANY. (B)		

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BUREAU V. S.

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P. Vaternell Palmontary I Sec.

HILLIAN SKI SCHOOL SUUMING - SKIN

OR

TOWN

3. NAME OF

5. SEX:

DECEASED

(Type or Print)

HOSPITAL OR

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY POI I, mon & MARYLAND COUNTY (If outside corporate limits, write RURAL) LENGTH OF STAY CITY(If outside corporate limits, write RURAL and give nearest town) and give nearest town) (in this place) OR TOWN ock eu STREET (If rural give location) INSTITUTION OR ADDRESS STREET ADDRESS (Middle) (Last) DATE (Month) (Day) OF DEATH COLOR OR MARRIED. SINGLE 8. DATE 9. AGE last birthday IF UNDER RACE WIDOWED, DIVORCED. Months Days (Specify): 6 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS (State or foreign country): 12. CITIZEN OF WHAT work done during most of working life. OR INDUSTRY: even if retired) Ho use w! 13. FATHER'S NAME: MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY NO. (Yes, no, or unk.) (If Yes, give war or dates of service) 18. MEDICAL CERTIFICATION DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE DUE TO ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE

(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION

DUE TO

20. AUTOPSYT YES T NO

(State)

(County)

(Year)

19 5

Hours

COUNTRY

ONSET AND

OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

STATING UNDERLYING CAUSE LAST.

21A. ACCIDENT WAS UNDERLYING [

21E INJURY OCCURRED While Not while at work L at work

21B. PLACE (Home, farm, factory,

21F. HOW DID INJURY OCCUR?

INJURY OCCUR?

21c. WHERE DID (City or town)

22. I hereby certify that I attended the deceased from any , 1953, to au, ..., 1955, that I last saw the deceased M. from the causes and on the date stated above. alive on A-1 . and that death occurred at / SIGNATURE DATE SIGNED

23. BURIAL, CREMATION, NAME OF CEMETERY MEMOVAL (SPECIFY)

DATE REC'D BY LOCAL

REGISTRAR

ಥ ect

BUREAU W.

SS61 ST DN



MARYLAND STATE DEPARTMENT OF HEALTH

7530

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

g. Dist. No. 37

TOR MEDICAL	Reg. Dist. N	o
1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED	
MARYLAND	STATE D. COUNT	Ta
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town)	CITY (If outside corporate limits, write RURAL and gi	ve nearest town)
TOWN TIMOWILL TIMOWILL	TOWN 7 1M ON ILL M	X
HOSPITAL OR INSTITUTION OR STREET ADDRESS CROWTHER AVE.	STREET (If rural, give location) ADDRESS , CROWTHER A	VE. /
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) TRANK ELISHA STA	PITT MATTER OF DEATH AUG.	28 1953
6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last birthday If under	1 year If under 24 hrs Days Hours Min.
done during most of working life, even if retired) 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. Kind of Business or Industry 10c. Lewy L. MARTIN	II. BIRTHPLACE (State or foreign country) 1:	2. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	asa
UNKNOWN	UNKNOWN	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or upknown) (If yes, give war or dates of 2/1-10-14 36	17. INFORMANT AND ADDRESS WIFE SAME	
18. MEDICAL CE	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
1/201		ONSET AND DEATH
To Immediate cause (a) MYOCARDIAL	INFARCTION	J 7 " 3.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No D
21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not while INJURY m. work at work		
22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said decenfrom: natural causes a accident , suicide , homicide , SIGNATURE (Degree or title)	ased died on the dry stated above, and death in my undetermined ADDRESS	from the evidence opinion resulted DATE SIGNED
prillem a. mistry 1.D.	Turonium	8/28/33
REMOVAD (Specify) 8-31-55 Nesley Che	CALL NORTH LOCATION (City, town, or coun	to Co. Med.
DATE REC'D BY LOCAL REGISTRAR'S SGNATURE	24 FUNERAL DIRECTOR	ADDRESS
8/30/1-5- ONNY. N. Valation	De potter terred Na very Str	Estal Plan.

MARGIN RESERVED FOR BINDING

FLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

The correct age

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BUREAU V. S.

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correct age is especially important. Physicians: please write the causes of death clearly and legibly.

The

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 7531 CERTIFICATE OF DEATH

	Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Baltimore MARYLAND	_ STATE Mary land COUNTY Baltimore
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nearest town)
OR and give nearest town) (in this place)	OR TOWN
HOSPITAL OR	STREET (If rural give location)
INSTITUTION OR	ADDRESS , OD A
OSTREET ADDRESS MT Wilson State Hospital	1240 Hill dale Ovenue 6
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) CASPER CHRISTOPHER	THOMAS DEATH: 8 - 27 - 1955
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE RACE: WIDOWED, DIVORCED,	OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS.
M (Specify): WIDOWED 5-19	9-1884 71 yrs. Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT
even if retired) BRASS MOLOER Brass works	Many land G. S. A.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
0-1 1-1	M C. P.t.
coluard / homas	Mary agnes Leitze
15. WAS DECEASED EVER IN U.S. ARMED FORCES: 18. SOCIAL SECURITY NO. (Yes, no, or unk.) (If Yes, give war or dates	Mt. Wilson State Hosp.
NO of service) 21/-26-0815	Hosnital Records, Mt. Wilson, Md.
18. MEDICAL CERTIFICAT	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
FOD ADVAN	CED PULMONARY TUBERCULOSIS
DUE TO	CONTROL TO LATER A LA COLLA COMMINE
ANTECEDENT CAUSE (S)	
DISEASES OR CONDITIONS, IF ANY. (B) GIVING RISE TO THE ABOVE CAUSE DUE TO	
STATING UNDERLYING CAUSE LAST.	
(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	bd (A
	MIA
19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY7
	YES NO
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	ory. 21c. WHERE DID (City or town) (County) (State) etc. INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from f - 2	- 1955 to x - 26-, 1955, that I last saw the deceased
alive on 8-26-, 1955, and that death occurred at	6-20AM, from the causes and on the date stated above. ADDRESS DATE SIGNED
	. D. MTWILSON Stale Haspital WITWILSON Md.
manager and the second	ERY OR CREMATORY LOCATION (City, town, or county) (State)
BURIAL (SPECIFY) AUG. 30,1955 PARKWOOJ	CEMETERY BALTIMORE MARYLAND.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	AENRYESANDERO SONS INC. ADDRESS



OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

PLEASE TYPE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07528

CEDMINICAME OF DEAMY

_		
Reg	Dist.	No

100% CERTIFICATI	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Baltimore MARYLAND	STATEMARYLAND COUNTY Baltimore
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	
	or TOWN Baltimore
HOSPITAL OR	
14 STREET ADDRESS pring Grove State Hospit	
3. NAME OF (First) (Middle) DECEASED: The state of the st	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) Frank	ikal DEATHAugust 5. 19 55
PACE. WIDOWED DIVORCED	OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS.
N - 9 - 1 2 2 4 4 4 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	known 80 yrs. Months Days Hours Min.
OA. USUAL OCCUPATION (Give kind of the thind	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT
even if retired): Unknown	Unknown Unknown
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Unknown	Unknown
IS. WAS DECEASED EVER IN U.S. ARMED FORCEST 18. SDCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
(Yes, no, or unk.) (If Yes, give war or dates of service) Unknown	Records Spring Grove State Hospital
Unknown 18. MEDICAL CERTIFICAL	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	FION INTERVAL BETWEEN ONSET AND DEATH
420.0	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	scular accident
ANTECEDENT CAUSE (S)	
	lerotic heart disease Years
STATING UNDERLYING CAUSE LAST. DUE TO	
(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.	
194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATIO	N 20. AUTOPSY?
	YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fac OR CONTRIBUTING 2 CAUSE OF DEATH OF INJURY street, office bldg.	
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	D 21F. HOW DID INJURY OCCUR?
	- , 1955 to 8-5- , 19 55 that I last saw the deceased
alive on .8-5, 19 55, and that death occurred at	1 P.M, from the causes and on the date stated above.
SIGNATURE &	Spring Grove State Hospital 8-5-55
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMET	Spring Trove State Hospital 8-5-55
PEMOVAL (CRECIEV)	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
HUU O TUUR III THE	G. Howard Strong 3207 W. North Ave.



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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

7533

CERTIFICATE OF DEATH

07529 Reg. Dist. No.....

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Baltimore MARYLAND	STATE Md. COUN	TY Baltimore
CITY (If outside corporate limits write DIDALLI PNOTH OF STAY	CITY (If outside corporate limits, write RURAL at OR	nd give nearest town)
OR and give nearest town) On this place) Middle River	Town Middle River	54
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural give location) ADDRESS 1135 Orems Road	1
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
3. NAME OF DECEASED: (Middle) (Type or Print) CAROLINE (CARRIE) VIESEHON	OF DEATH: August 10	19 55
5. SEX: S. COLOR OR 7. SINGLE, MARRIED, 8. DATE	OF BIRTH: 9. AGE last birthday: If UNDER 1 Y	
RACE. WIDOWED DIVOPCED	yrs. Months Da	ys Hours Min.
female white (Specify): widowed Octobe 10a. USUAL OCCUPATION Give kind of 10b. KIND OF BUSINESS O	R 11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
	R 11. BIRTHPLACE (State of foreign country).	COUNTRY?
even if retired) housewife at home	Baltimore Md.	U.S.A.
13. FAIRERS NAME:		
Joseph Lewis	Anna Leary	
15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: 17 (Yes, no, or unk.) (If Yes, give war or dates of		
no service) Si	ster Clarinda, SSND, 727 N. Washir	ngton St.
18. MEDICAL CERTIFICAT	ION	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Interval Between Onset And Death
420.1	al - in ode - c.	10 MINS
Immediate cause (a)	artery discare	70
Antecedent causes (s)	+ 1.=120	Seeraldo
Diseases or conditions, if any, giving rise to the above cause	ary arstare	300100
stating the underlying cause last. DUE TO	ial follosis, Supertsorply	Several yes
(c) go card	to follotte,	The state of the
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY ?
		Yes No No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street office bldg., etc.) NJURY	t, (CITY OR TOWN) (COUNTY) (S	TATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURED While at Not While INJURY Work At Work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	105 , Alt 18 10T that I look	now the deceased
alive on the 8 19 22 and that death accounted at 8	1932, to 1932, that I last	saw the deceased
alive on, 19.33, and that death occurred at 4.	from the causes and on the date	stated above.
SIGNATURE (Degree or title)	Cater w CADDRESS and DA	9/12-15
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE	CRY OR CREMATORY LOCATION (City, town, or co	unty) (State)
REMOVAL (Specify)		(2000)
DATE REC'DA BY LOCAL REGISTRAR'S SIGNATURE	al Cemetery Baltimore, Md.	ADDRESS
REGISTRAN, 12-50 (1) W. 17 eAnd	Schimunek Funeral Home, Inc. 2601-3-5 E. Madison St.	
J. W. W. LOWING	2601-3-5 E. Madison St.	

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7534

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D: //
COUNTY BALTIMORE MARYLAND	STATE MARYLAND COUNTY	
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL a	nd give nearest town)
X TOWN FORT HOWARD (in this place)	TOWN BALTIMORE	VO1-4
HOSPITAL OR	STREET (If rural give location)	A COL A SAME
50 STREET ADDRESS VETERANS ADMINISTRATION HOSPI	ADDRESS	/
The state of the s		
DECEASED:	OF.	Day) (Year)
	The second secon	13 1955
RACE. WIDOWED DIVORCED	OF BIRTH: 9. AGE last birthday IF UNDER 1 Y	Ays Hours Min.
	/97 57 yrs.	
OA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS work done during most of working life. OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
even if retired PLUMBER		U.S.A.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
FREDERICK W. VOLTZ	KATHERINE SMALLWOOD	
S. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates of service) WW-II 215 14 4299	CITY DEC TER ADM HOSD ER HOLA	מא מכן
18. MEDICAL CERTIFICAT	CLIN.REC.VET.ADM.HOSP.,FT.HOWA	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ION	INTERVAL BETWEEN
161%		
IMMEDIATE CAUSE (A) CARCINOMA, I	LARYNX	17 Months
ANTECEDENT CAUSE (S)		
DISEASES OR CONDITIONS, IF ANY. (B)		
STATING UNDERLYING CAUSE LAST.		
(002X) (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. PULMONARY TU	JBERCULOSIS	
19A. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	N EXCISION OF TISSUE FROM LEFT	20. AUTOPSY?
3/7/55 CERVICAL MASS FOR BIOPSY.		YES NO T
21a. ACCIDENT WAS UNDERLYING \(\) CONTRIBUTING \(\) CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER. NOTIFY MEDICAL EXAMINER)	tory. 21c. WHERE DID (City or town) (Count INJURY OCCUR?	y) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED OF INJURY While Not while	21F. HOW DID INJURY OCCUR?	
OF INJURY M. While Not while at work at work		
VA. 22. I hereby certify that X attended the deceased from JAN.	P5 1955 to AUG 13 1955 MXXXXXX	VXX.YMYYMYY YY
SIGNATURE A	12:05 M, from the causes and on the date:	stated above.
SOSEPHA. BARANOWSKI, M.D.		8/12/2
	ERY OR CREMATORY LOCATION (City, town, or	county) (State)
REMOVAL (SPECIFY)		
	E NATIONAL BALTIMORE, MAR	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS

MARGIN RESERVED FOR BINDING

TYPE OR WRITE PLAINLY, WITH UNFADING INK.

PLEASE

Supply every item of information carefully. The

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WITH	mnortant
LAINLY,	specially i
P	8 00
WRITE	
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7535 MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07531

		CERTIFICAT	E OF DEAT	H Reg. Dis	t. No
1. PLACE OF DEAT COUNTY	Taffeniana.	MARYLAND	2. USUAL RESIDENCE (H	COL	UNTY
CITY (If outside of OR give neares	corporate limits, write RUR st town) Corporate			te limits, write RURAL ar	3 VO /- 4
HOSPITAL OR INSTITUTION OF STREET ADDRESS	R P. Jan.	mara husing Home	STREET ADDRESS 1163	W. Datte	nae St
3. NAME OF DECEASED (Type or Print)	Louis	(Middle)	Vrubble	4. DATE (Month OF DEATH OUGH	(Day) (Year)
male Male	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVOROZD, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	under 1 year II under 24 hrs onths Days Hours Min.
done during most of	PATION (Give kind of work working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	r foreign country)	12. CITIZEN OF WHAT
13. FATHER'S NAM	via Vrubble		14. MOTHER'S MAIDEN	NAME	
15. WAS DECEASED E	EVER IN U.S. ARMED FORCES (If yes, give war or dates dervice)	16. SOCIAL SECURITY NO. 01 212-01-3584	albert Schleck	ter - 3813 W.	Cald Spring La
Immedia Antecede Diseases or giving rise	ent cause (a) conditions, if any, to the above cause underlying cause last	LEADING TO DEATH Concentrate	of Cinary	Rodder	INTERVAL BETWEEN ONSET AND DEATH
Conditions contrib	(c) FICANT CONDITIONS Outling to the death but not ease or condition causing deat	ch.			
19a, DATE OF OPI	ERATION 19b. MAJOR	FINDINGS OF OPERATION			Yes No
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJU	CE (Home, farm, factory, street, office bldg., etc.) JRY	(CITY OR T	(COU)	NTY) (STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work □ At work □	HOW DID INJURY OCC	OUR?	
alive on SIGNATURE 23. BURIAL, CREM BEMOVAL (Spe DATE REC'D BY REG.	Levry Glus JATION PDATE THERE eister) Qua 75.	d that death occurred at (Degree or title) OF NAME OF CEMETE SIGNATURE	230Pm., from the ADDRESS 2687 W.	Causes and on the date of the Causes and the Causes	te stated above. DATE SIGNED
195		601	is of Manhor.	Mary II Charles	TO TO EVAL UNITE

DECEDVED. 8. S. PUREAU V. S.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

IARYLAND STATE	DEPARTMENT	OF HEALTH—BALTIMORE,	18	07532
Mara. I Germ 10	81 1m(+100 9=10=;)a el.		

7538

CERTIFICATE OF DEATH

Reg. Dist. No.

oly.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
and legibly	COUNTY BALTIMORE MARYLAND	STATE MARYLAND COUNTY
le	CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	
nd	OR and give nearest town) (in this place) TOWN FORT HOWARD 125 DAYS	OR TOWN
	HOSPITAL OR	STREET (If rural give location)
arl	INSTITUTION OR	ADDRESS
clearly	SOSTREET ADDRESS VETERANS ADMINISTRATION HOSPI	TAL 790 W. SARATOGA STREET
	3. NAME OF (First) (Middle) DECEASED:	(Last) 4. DATE (Month) (Day) (Year)
death	(Type or Print) VINCENT (NMI) WATE	RS DEATH: AUGUST 17 1955
	RACE: WIDOWED DIVORCED	OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS.
jo s	MALE COLORED (Specify) WIDOWED 7-13-	97 58yrs. Months Days Hours Min.
causes	IOA. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT
an	work done during most of working life. even if retired): WELDER OR INDUSTRY: STEEL COMPANY	NEW YORK CITY, NEW YORK U. S. A.
	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
the:	DARROW WA MENO	
ite	ROBERT WATERS 15. WAR DECEMBED EVER IN U.S. ARMED FORCES? 18. SOCIAL SECURITY NO.	ZELIA MN: UN KNOWN
W	(Yes, no, or unk.) (If Yes, give war or dates 6346	17. INFORMANT & ADDRESS:
Se	YES of services WW I 217-01-6345	CLIN.REC., VET.ADM.HOSP., FT.HOWARD, MD.
please write	18. MEDICAL CERTIFICA	TION INTERVAL BETWEEN
ρ	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
υ <u>ς</u>	18/XIMMEDIATE CAUSE (A) CARCINOMA O	F BLADDER WITH METASTASIS 13 MON THS
lan		A DESCRIPTION OF THE PROPERTY
Physicians:	ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY. (B)	
hy	GIVING RISE TO THE ABOVE CAUSE	
	STATING UNDERLYING CAUSE LAST.	
important.	(C) IN OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
rts	TO THE DEATH BUT NOT RELATED TO THE	
odı	DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO	N.
im	Table MAJOR PINDINGS OF OPERATIO	20. AUTOPSY?
ly		YES NO X
especially	21a. ACCIDENT WAS UNDERLYING [21a. PLACE (Home, farm, fac OR CONTRIBUTING [CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory, etc. 21c. WHERE DID (City or town) (County) (State)
esi	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED OF INJURY While Not while	21F. HOW DID INJURY OCCUR?
is	M. at work at work	
	22. I hereby certify that X attended the deceased from APRIL	14, 1955, to AUG. 17, 1955, the books accompanied
age		
ct	SIGNATURE GODALE M. Maca	ADDRESS DATE SIGNED
correct	JOSEPH M. MILLED M. D. CHIEF CHROTICAL CERTIFICE	DATE BIGHTED
00	JOSEPH M. MILLER, M.D., CHIEF, SURGICAL SERVICE 23. BURIAL, CREMATION. DATE THEREOF NAME OF CEMET	ERY OR CREMATORY LOCATION (City, town, or county) (State)
	Burial 8/22/55 BAL TIMORE NA	
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	
	REGISTRAR	2 CHARLES R. LAW MORTUARY 802-04 MASSISON
	A STORY OF THE STO	BALTO, MO.

PACT of Espendig Linguis Representation of the da a d Company of the Compan -t- was the first of the contract THE VEHICLE OF THE PARTY OF THE SECRETARIA POR SECURIO The state of the s

correct age is especially important. Physicians:

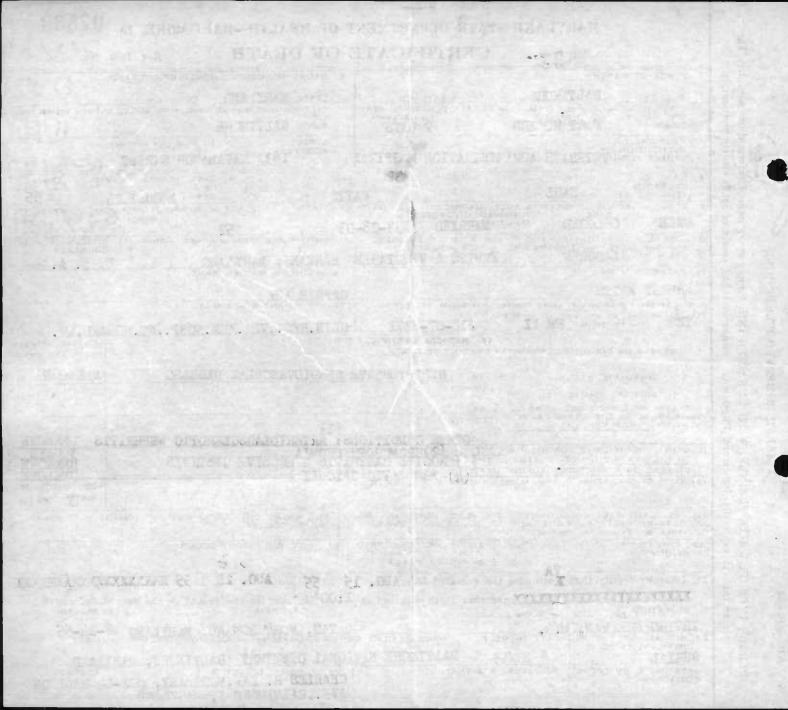
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

7537	CERTIFICATE	OF	DEATH
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Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY BALTIMORE MARYLAND	STATE MARYLAND COUNTY
CITY (If outside corporate limits, write RURAL) 1 FNGTH OF STAY	
TOWN FORT HOWARD (In this place)	OR DAY METANON
HOSPITAL OR	2101-7
INSTITUTION OR TERANS ADMINISTRATION HOSPITA	STREET (If rural give location)
STREET ADDRESSTERANS ADMINISTRATION HUSPITA	ADDRESS 839 KAVANAUGH STREET
3. NAME OF (First) (Middle) DECEASED:	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) EARL	ATTS DEATH: AUGUST 21 19 55
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE RACE: WIDOWED, DIVORCED.	OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS
MALE COLORED (Specify) MARRIED 3-28	
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS work done during most of working life. OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHA
	ES HARMANS, MARYLAND U. S. A.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
ERNEST WATTS	CADDIE THE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	CARRIE LEE
(Yes no. or unk.) (If Yes, give war or dates of service) WW II 218-07-8271	
	CLIN.REC., VET.ADM.HOSP., FT.HOWARD.MD.
18. MEDICAL CERTIFICATION DIRECTLY LEADING TO DEATH	TION INTERVAL BETWEE
442×	ONSET AND CEAT
IMMEDIATE CAUSE (A) HYPERTENSIV	TE CARDIOVASCULAR DISEASE UNKNOWN
ANTECEDENT CAUSE (S)	
	어린다 생명 보고 있다면 보면 보다 그렇게 왜 보니?
GIVING RISE TO THE ABOVE CAUSE	
STATING UNDERLYING CAUSE LAST	(1)
U OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO TOTAL	ONS: ARTERIOLARSCLEROTIC NEPHRITIS UNKNOWN
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTION PROMOTOR TO THE DEATH BUT NOT RELATED TO THE 3 PROSTVE GAS DISEASE OR CONDITION CAUSING DEATH TO THE STATE OF OPERATION: 198. MAJOR FINANCES OF OPERATION	TRITIS & EROSIVE CYSTITIS UNKNOWN
DISEASE OR CONDITION CAUSING DEATH TROSTATIO	CAICULT
194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATIO	20. 40101311
	YES NO []
21A. ACCIDENT WAS UNDERLYING TO CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg. (If either, Notify medical examiner)	ctory. 21c. WHERE DID (City or town) (County) (State), etc. INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRE	D 21F. HOW DID INJURY OCCUR?
OF INJURY M. While Not while at work	
22. I hereby certify that Zattended the deceased from AUG.	15 , 155 , to AUG. 24, 1955, NACONE SEA OUR SE
SIGNATURE and that death occurred at	
TRUTING TRUTING AS A S.	A.D. VAH. FORT HOWARD, MARYTAND 8-21-55
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMET REMOVAL (SPECIFY)	ERY OR CREMATORY LOCATION (Cits, town, or county) (State
BURIAL 8/26/55 BALTIMORE NA	TIONAL CEMETERY BALTIMORE, MARYLAND
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE - /	-24. FUNERAL DIRECTOR ADDRESS
REGISTRAR 105/201/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1	CHARLES R. LAW, MORTUARY, 802-01, MADISON
the first of the first will be	AVE., BALTIMORE 1, MARYLAND



7538

CERTIFICATE OF DEATH

Reg. Dist. No.

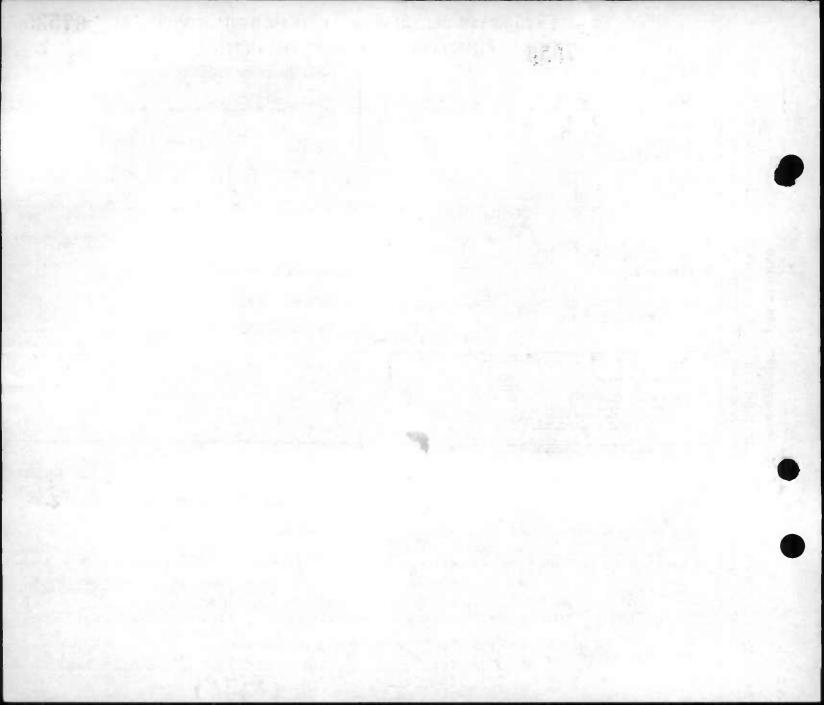
• • • • • • • • • • • • • • • • • • • •	
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Baltimore MARYLAND	STATE Maryland COUNTY Balls
CITY (If outside corporate limits, write RURAL LENGTH OF STA OR and give nearest town) (in this place)	
IIOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural give location) / ADDRESS 3020 Hiss Ave
3. NAME OF (First) (Middle) DECEASED: (Type or Print) J West Weber AKA John Westphale	(Last) 4. DATE (Month) (Day) (Year) OF DEATH: Aug 28/55 19
male whie widowed, divorced, (Specify): married June	9. AGE last birthday: If under 1 Year IP under 24 Hrs. 2 12x1916 39 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Television 10b. KIND OF BUSINESS INDUSTRY:	OR 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?
I3. FATHER'S NAME: J Arthur Weber	14. MOTHER'S MAIDEN NAME: Julia Murray
15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: (Yes, no, or unk.) (If Yes, give war or dates of	17. INFORMANT & ADDRESS: Mrs Bernice Weber 3020 Hiss A ve
Immediate cause Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (a) DUE TO ff sharyny (b) DUE TO GULLANIEL OUE TO	Desorcal ffine enflowed year year 1 mg
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	machinery of the first of the f
198. DATE OF OPERATION: 186. MAJOR FINDINGS OF OPERATION CERCENCE	Do Is hot Reserved Come of note Yes No 18
21. ACCIDENT (Specify) PLACE (Home, farm, factory, str. OF office bldg., etc.)	reet, ACITY OR TOWN (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURED OF UNJURY m. INJURY OCCURED While at Not While Work At Work At Work OCCURED Work At Work OCCURED Work OCCURED Not While	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from	
alive or 197, 1955, and that death occurred at signature or title)	1130 A.M. from the causes and on the date stated above. ADDRESS DATE SIGNED AUG 29/55
23. BURIAL CREMATION, DATE THEREOF NAME OF CEME PURIAL (Specify) DUTIAL AUG 31 /55 Balto Nati	TERY OR CREMATORY LOCATION (City, town, or county) (State) Baltimore
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	Ullrich Funeral Home 4210 Belair Road

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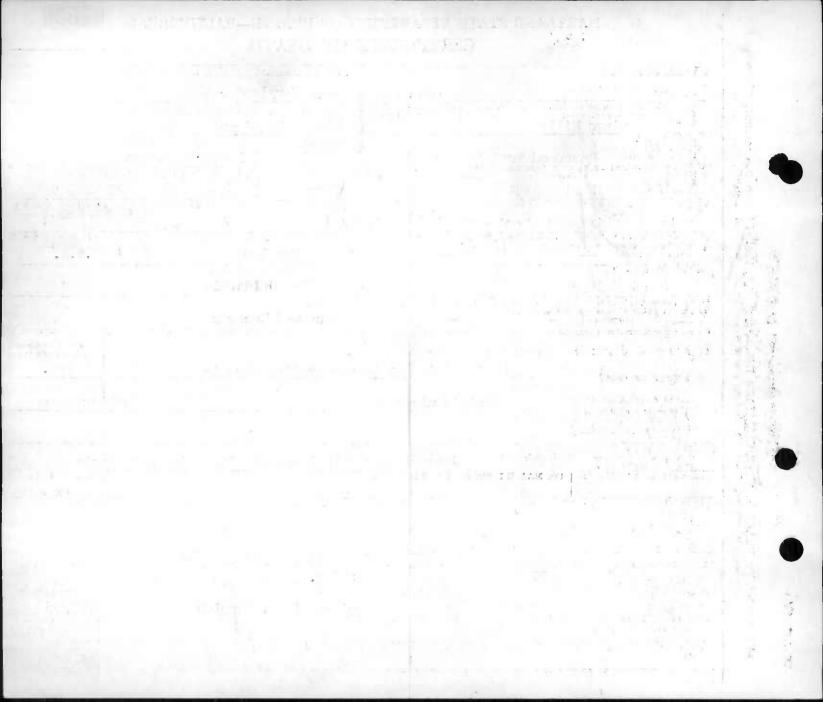
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VS. A15



MARYLAND ST	ATE DEPARTM	ENT OF HEALT	H—BALTIMORE, 18	07536
7539		TE OF DEAT		ist. No
I. PLACE OF DEATH:		2. USUAL RESIDE	NCE (HOME) OF DECEASED:	
COUNTY Baltimore	MARYLAND	STATE Maryl	and COUNTY	
CITY (If outside corporate limits, write RU OR and give nearest town) TOWN Owings Mills	JRAL LENGTH OF STA (in this place)	CITY (If outside of	corporate limits, write RURAL	and give nearest town) 3 V o 1-4
HOSPITAL OR INSTITUTION OR /2 STREET ADDRESS Rosewood Train	ning School	STREET ADDRESS 261	(If rural, give locat	1
3. NAME OF (First) DECEASED: (Type or Print) Paul	(Middle)	(Last) Weiner	4. DATE (Month) (OF DEATH: 8	(Day) (Year) 23 19 55
RACE: WIDOWE	ED. DIVORCED.	TE OF BIRTH: 6/22/31	9. AGE last birthday: IF UND Months	DER I YEAR IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	0b. KIND OF BUSINESS INDUSTRY:	or II. BIRTHPLACE	(State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Jacob Weiner		14. MOTHER'S MAIL Edna Go	den name: oldstein	
15. WAS DECEASED EVER IN U.S. ARMED FORCES ? (Yes, no, or unk.) (If Yes, give war or dates of service)	6. SOCIAL SECURITY No.:	17. INFORMANT & ADE Rosewood R		
I. DISEASES OR CONDITIONS DIRECTLY LE. 5 40 / Pe Immediate cause DUE TO	ADING TO DEATH:	to perforating	chronic	Interval Between Onset and Death 8 hrs.
	astric ulcer			unknown
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing de	ath. Congenital	cerebral spasi	tic infantile para	plegic
19a, DATE OF OPERATION: 19b. MAJOR FI		N:		20. AUTOPSY? Yes X No
SUICIDE OF INJUR				(STATE)
	INJURY OCCURRED While at Not while work at work	HOW DID INJURY		
22. I hereby certify that I attended the alive on 8/23, 19.55, and t SIGNATURE	that death occurred a	23	23, 1955, that I las m the causes and on the causes and on the causes and on the causes are maryland	st saw the deceased date stated above. DATE SIGNED 8/23/55
23. BURIAL, REMATION DATE THEREOF REMOVAL (Specify): DATE REC'D BY LOCAL REGISTRAR'S SI	Sodova	TERY OR CREMATORY Cong Come Cy 24. FUNERAL DIRE	Bowlys Lan	Bully My. ADDRESS 114
REG.	18. 112. 15	100	D 0	11 122 41



	Th.	7540 CERTIFICATI	E OF DEATH Reg. Dis	t. No.
-	E S	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
× 11	carefull legibly.	COUNTY	STATE MP , COUNTY BA	+== 0 ·
- 10		CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY(If outside corporate limits, write RURAL	and give nearest town
III	sion	SOR and give nearest town) (in this place)	TOWN BALTO.	3401-4
BI	information clearly and	HOSPITAL OR CATON RINGE GO STREET ADDRESS NURSING HOME	STREET (If rural give location ADDRESS 7// LINNARD S	7.
	inf			(Day) (Year)
	m of i	DECEASED: (Type or Print) JOHN J. WH	ITE, JR. OF DEATH: 8	16 1955
	it	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED. 8. DATE WIDOWED, DIVORCED, AUG.	OF BIRTH: 9. AGE last birthday IF UNDER 1	YEAR IF UNDER 24 HRS. Days Hours Min.
57	every	IOA. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired in VER	11. BIRTHPLACE (State or foreign country): 12. BALTO. MD.	CITIZEN OF WHAT
	pply the	13. FATHER'S NAME.	14. MOTHER'S MAIDEN NAME:	
BINDING		JOHN J. WHITE SR,	BRIDGET	
	. "E	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY ND.	17. INFORMANT & ADDRESS:	
FOR	INK se w	(Yes, no, or unk.) (If Yes, give war or dates of service)	MRS DORETTA WHITE, 711	LINNARDS
RESERVED	ADING s: plea		ON'S DISEASE	ONSET AND DEATH
SE	UNF	ANTECEDENT CAUSE (S)		
RGIN B	ITH U	DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO		
AR((C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
	AINLY, Wimportant.	TO THE DEATH BUT NOT RELATED TO THE		
	N	DISEASE OR CONDITION CAUSING DEATH		_1
	7.5			NO AUTODOVA
	4	133. BALL OF OPERATION. 133. MASON THIS INGS OF OPERATION		20. AUTOPSY?
T	TE PL	21A. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	ory, 21c. WHERE DID (City or town) (Cour	YES NO
1	WRITE PLA	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,	ory, 21c. WHERE DID (City or town) (Cour etc. INJURY OCCUR?	YES NO
I	RITE PLA	21A. ACCIDENT WAS UNDERLYING DESCRIPTION OF INJURY STREET, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, fact OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, fact OF INJURY OF INJURY OF INJURY) 21B. PLACE (Home, farm, fact OF INJURY) 21C. TIME (Month) (Day) (Year) (Hour) 21C. TIME (Month) (Day) (Year) (Hour) 21C. TIME (Month) (Day) (Year) (Hour)	ory, 21c. WHERE DID (City or town) (Couretc. INJURY OCCUR?	YES NO NO (State)
0 - 53	PE OR WRITE PLA	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21c. WHERE DID (City or town) (Couretc. INJURY OCCUR? 21f. HOW DID INJURY OCCUR? 8, 1955 to Ave 16, 1955, that I las	YES NO (State)
10 - 53	TYPE OR WRITE PLA	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work at work at work at work alive on AUG. 15, 1955, and that death occurred at SIGNATURE MANAGEMENT AUG.	21c. WHERE DID (City or town) (Couretc. INJURY OCCUR? 21f. HOW DID INJURY OCCUR? 8, 1955 to Ave 16, 1955, that I lass Address DA	t saw the deceased stated above. TE SIGNED
A15 - 10 - 53	E OR WRITE PLA	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work 22. I hereby certify that I attended the deceased from AUG., alive on AUG. 15, 1955, and that death occurred at	21c. WHERE DID (City or town) (Couretc. INJURY OCCUR? 21f. HOW DID INJURY OCCUR? 8, 1955 to Ave 16, 1955, that I lass Address DA	t saw the deceased stated above. TE SIGNED

11.011.25 21. 1111 The second of th 11 John Markey St. Tarent Aug to got a second part was a street on the second of the second second

16G 5 1955

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

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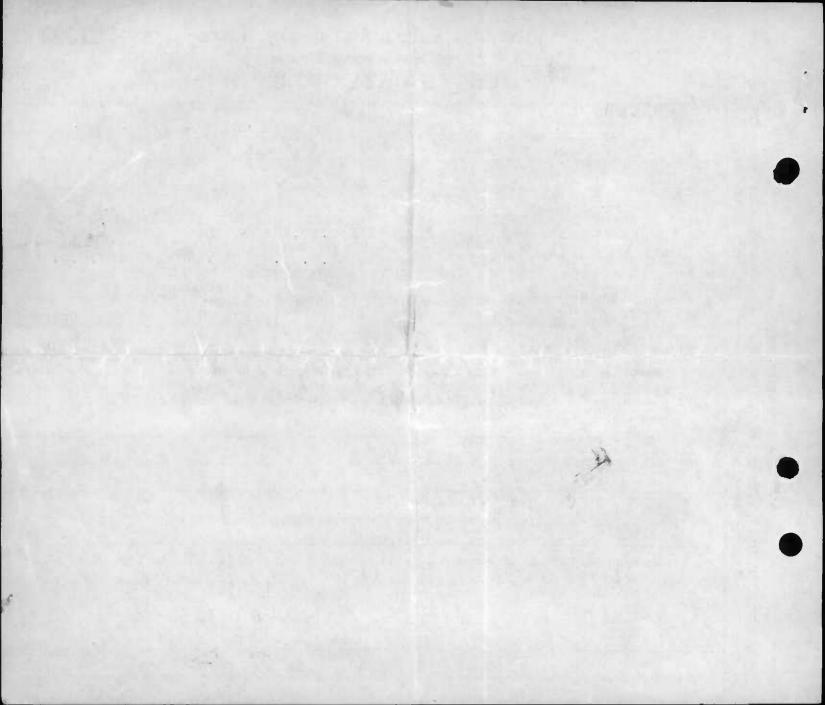
CERTIFICATE OF DEATH

		Trog. Dibit 110	Personal Control of the Control of t
1. PLACE OF DEATH.		2. USUAL RESIDENCE (HOME) OF DECEASED	ur.
COUNTY Balto. Co.	MARYLAND	STATE Md. Balto.	
5/ CITY (If outside corporate limits, write RURAL TOWN	and LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give OR Arbutus	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1107 Sulphus	r Spring Rd.	STREET (If rural, give location) ADDRESS 1107 Sulphur Spring	Rd.
3. NAME OF (First)	(Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Frinc) = 4	A. William	DEATH ALOND	155
Female Col.	SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIOOW	8. DATE OF BIRTH 9. AGE last birthday If under Months Nov. 19, 1870 84 yrs.	Days Hours Min.
	0b. KIND OF BUSINESS OR INDUSTRY	A.A.Co. Md.	CITIZEN OF WHAT
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Jacob Miller		Phoebe Stocket	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS	
(Yes, no, or unknown) (Hyes, give war or dates of service)	None	Julia Phillips 1107 Sulphu:	r Spring Ro
	18. MEDICAL CE	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LE	ADING TO DEATH	0 11.	INTERVAL BETWEEN ONSET AND DEATH
442X	/YInte	the and there are a service	2/ 1
Immediate cause (a)	1/www	muytu mey	or day D
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	spectensis C	Pardib-Renal Dissace	?
(c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	& besity		3
19a. DATE OF OPERATION 19b. MAJOR FIN	DINGS OF OPERATION		20. AUTOPSY?
			Yes No
	(Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) I	NJURY OCCURRED	HOW DID INJURY OCCUR?	
	Work At work		
22. I hereby certify that I attended the	deceased from 7/80/	, 19.55, to 8/26/., 19.55 that I last s	aw the deceased
Col. 1 121	that death occurred at	I A A D	
to the Maloney	Mb.	57 Wintespane . Salto 2	8 8/26/53
Burial, CREMATION DAT: THEREOF 8/30/195	5 Western		d.
DATE REC'D BY LOCAL REGISTRAR'S SI	GNATURE	24. FUNERAL DIRECTOR	ADDRESS 3221

correct age The

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

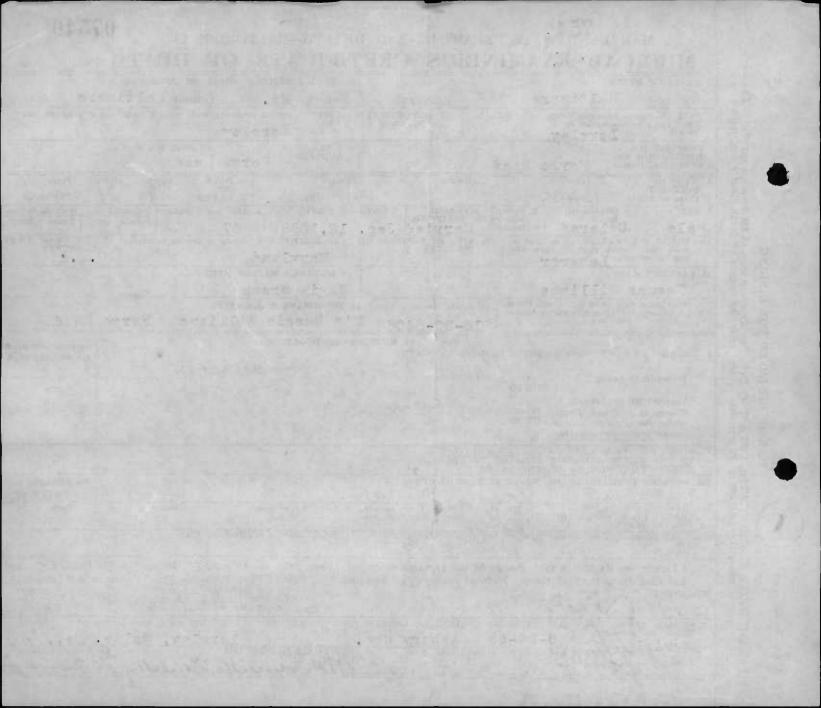
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DEPARTMENT OF HEALTH—BALTIMORE, 18

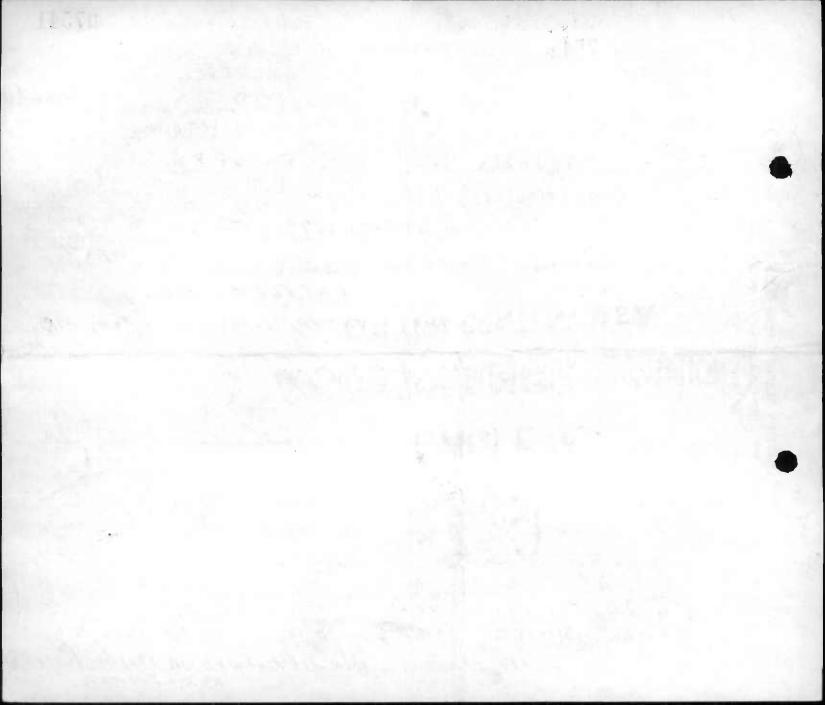
OR and give nearest town) TOWN TOWN TOWN TOWN TOWN TOWN TOWN TOWN	MEDICAL EXAMINER'S CER	TIPICATE OF DEATH No
CITY (if outside corporate limits, write RURAL OR and give nearest town) TOWN TOWN TOWN TOWN TOWN TOWN TOWN TOWN	1. PLACE OF DEATH:	
OR and give nearest town) TOWN DIFFLY TOWN	county Baltimere Maryland	STATE Md. COUNTY Baltimere
ANDRESS FORCE ROAD STREET ADDRESS FORCE ROAD (Middle) (Last) (Last) (DATE (Month) (Day) (Year) DECARSED: (Type or Print) / SPACE S. SEX: 6. COLOR OR RACE: (WIDOWED DIVORCE) (Specify): 10 - 12,1888 (67 yrs. Months) (Day) (Year) Male (Color or RACE: (Specify): 1 TITLE Jan. 12,1888 (67 yrs. Months) (Day) (Hours Min (Month) (Day) (Year) (North Color or North Colo	OR and give nearest town) (in this place)	
DECEASED: (Type or Print) 5. SEX: (Seculor or recommendation of the stand of the service) 10a. USUAL OCCUPATION (Give kind of work life, even if retired): I_aberer 11b. Set in the service) 11c. USUAL OCCUPATION (Give kind of industry: industr	AAINSTITUTION OR	ADDRESS
Colored Wilder Divored Jan 12 1888 67 yrs. Months Days Hours Min Wilder Work Min Min Work Min Min Work Min Min Min Work Min Min Min Min Work Min	DECEASED: (Type or Print) ISAAC	VILLIAMS OF DEATH 8-21 19 SJ
10s. USUAL OCCUPATION (Give kind of work life, were if retired): 10s. KIND OF BUSINESS OR INDUSTRY: 11s. BIFTHPLACE (State or foreign country): 12s. CITIZEN OF WIL.	RACE: WIDOWED, DIVORCED,	Months Dave House Min
14. MOTHER'S MAIDEN NAME: Themas Williams 15. Was Decrased Ever In U.S. Armed Forces? (Yes, no, or unk.) (If yes, give war or dates of service) 16. Social Security No.: 17. Informant & Address: 18. Medical Certification 18. Medical Certification 19. Of Postate C Metastas Interval Between Onset and Deat Antecedent cause (a) Prostate C Metastas Onset and Deat Antecedent cause (b) Diseases or conditions, if any, (b) giving rise to the above cause DUE TO stating underlying cause last (c) 19. Date of Operation: 19b. Major finding of Operation: 19a. Date of Operation: 19b. Major finding of Operation: 19a. Date of Operation: 19b. Major finding of Operation: 21a. External Cause Was Primary or Contributing Of Operation: 21a. External Cause Was Primary or Contributing Of Operation: 21b. Place (Home, farm, factory, Cause of Death) 21c. (City or town) (County) (State) While at work of while work of the Work of State of	10a. USUAL OCCUPATION (Give kind of work done during most of work life, INDUSTRY:	R II. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WIIAT
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 216-20-8408 II. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: Immediate cause (a) 18. MEDICAL CERTIFICATION II. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: ONSET AND DEATH ONSE		
County C	Themas Williams	Maria Brewn
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: Immediate cause	(Yes, no, or unk.) (If Yes, give war or dates of	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: TV N - 1	DUE TO Antecedent cause(s) Diseases or conditions, if any, (b) giving rise to the above cause DUE TO stating underlying cause last (c)	
TUNC-195	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
PRIMARY or CONTRIBUTING Street, office bldg., etc., CAUSE OF DEATH. 2Id. TIME (Month) (Day) (Year) (Hour) 22 INJURY OCCURRED OF While at Not while INJURY M. Work at work		
21d. TIME (Month) (Day) (Year) (Hour) 21 INJURY OCCURRED 21f. HOW DID INJURY OCCUR? OF While at Not while 1NJURY M. work at work	PRIMARY Or CONTRIBUTING OF street, office bldg., etc.	
	21d. TIME (Month) (Day) (Year) (Hour) 21d INJURY OCCURRED While at Not while	21f. HOW DID INJURY OCCUR?
find that death resulted from: Natural causes Accident , Suicide , Homicide , Undetermined cause CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.	22. I hereby certify that I took charge of the remains described find that death resulted from: Natural causes Accidentally with the support of the remains described from the remains	dent [], Suicide [], Homicide [], Undetermined cause [] CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) REMOVAL (Specify): 8-24-55 Asbury Com. DATE RECUBY LOCAL REGISTRAR'S SIGNATURE REG. 23.4. FUNEAL DIRECTOR REG. 23.4. SIGNATURE PARTICIPATION (City, town, or county) (State) ABDURY Com. Location (City, town, or county) (State) ABDURY Com. Location (City, town, or county) (State)	REMOVAL (Specify): 8-24-55 Aabury Compare RECD by LOCAL REGISTRAR'S SIGNATURE	Loreley, Balto. Co. Mg



7543	CERTIFICATE	OF DEATH	Reg. Dis	st. No.
I. PLACE OF DEATH:		2. USUAL RESIDENCE	(HOME) OF DECEASED:	
COUNTY BALTO.	MADVI AND	STATE IM D	COL	INTY BALTO
CITY (If outside corporate limits, write R	WARYLAND URAL LENGTH OF STAY	Devices.	porate limits, write RURAL	
TOWN and give nearest town)	(in this place)	OR	YKTON	V
HOSPITAL OR	1242	STREET	(If rural give location	on)
INSTITUTION OR STREET ADDRESS BIR FALL	s. Rd.	ADDRESS + H L L	s Rd.	
3. NAME OF (First)	(Middle)			ay) (Year)
(Type or Print) I / (ARY MOLL	IE) U. WIL	204 1	DEATH: AUD	8 19 5 3
RACE: WIDOW	MARRIED, 8. DATE O	F BIRTH: 9. AG	E last birthday: UNDER I	Days Hours Min.
E (Specify)	WE DOWED MAR.	1.1879 7	7 6 yrs. Months	Days Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	ob. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (Stat		COUNTRY? 1. 5. 19.
13. FATHER'S NAME:		4. MOTHER'S MAIDEN I		,,,,,,
Jacob SmITH		MATTLOM	FELANES	
	6. SOCIAL SECURITY No.: 17. I	NFORMANT & ADDRES		
(Yes, no, or unk.) (If Yes, give war or dates of	200 21	MENT MENT	os dennette	w Mah
16.0	8. MEDICAL CERTIFICATIO		85- HUNKTO	7, 1-1),
I. DISEASES OR CONDITIONS DIRECTLY		N		Interval Between
422.1		Vascular 1	/	Onset And Death
Immediate cause (a)		parcona 16	recer	
Antecedent causes (s)	0			
Diseases or conditions, if any, giving rise to the above cause				
stating the underlying cause last. DUE To	0			
(c)		<u> </u>		
 OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing d 	eath.	4		
19a. DATE OF OPERATION: 19b. MAJOR I	FINDINGS OF OPERATION			20. AUTOPSY ?
				Yes No
HOMICIDE OF INJURY	(Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
OF	INJURY OCCURED While at Not While Work At Work	HOW DID INJURY OCC	CUR?	
22. I hereby certify that I attended the	deceased from ()2-13	,1954, to Pleca	5 , 19 5, that I las	t saw the deceased
alive on 5/6/6.3. 19 and th	at death occurred at	791	causes and on the date	stated above.
SIGNATURE	Degree or title)	ADDRES	S 2	DATE SIGNED
de motrani	- m. W-	of artito	in the	18/55
23. BURIAL, CREMATION, DATE THEREO. REMOVAL (Specify)	. 0- 0		OCATION (City, town, or	country (State)
13m ATHP 1011123	12N5 GT	OUE C	UHITE HIAL	4 /4) ().
REGISTRAN C				ADDUAGE
REGISTRAL 9-55 Q. M.	Hedrif /	Juneral Director	DAN, JA, 17011	ME CILLIAS
REGISTRAGE 9-55 Q. M.			13 ALTO. A	Mile WILL

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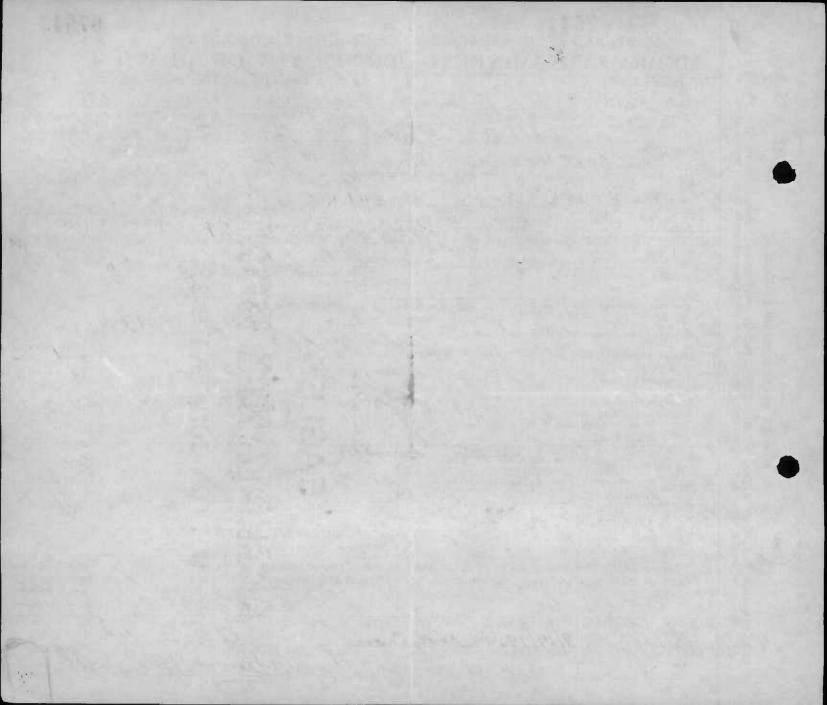


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MARYLAND	STATE	DEPARTMENT	OF	HEALTH—BALTIMORE,	18

07542 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	,
COUNTY Balls MARYLAND	STATE MIS. COUNTY Bal	to.
CITY (If outside corporate limits, write RURAL OR and give nearest town) (in this place)	CITY (If outside corporate limits write RURAL and g	ive nearest town)
OR and give nearest town)		lawy x
HOSPITAL OR	STREET (If rural, give location)	, 1
INSTITUTION OR GO 17. Durynn Jak and	ADDRESS 6017 krynn 80	In ave,
3. NAME OF (First) (Middle) DECEASED:	(Last) 4. DATE (Month) (Day)	(Year)
(Type or Print) ETHEL ANNE WOE	ILLKE DEATH ang 16	1933
5. SEX: 6. COLOR OR 7. SINCLE. MARRIED, 8. DATI WIDOWED, DIVORGED, (Specify): 15 A COLOR OF THE PROPERTY OF TH	Monthal Dava	
10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS O work done during most of work life, even if retired):	D. 1 7 1 1 0 0 0	ITIZEN OF WHAT OUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
7		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.:	I7. INFORMANT & ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates of service)	20. Weekley - 6017 2	way Ande
18. MEDIC	AL CERTIFICATION	1
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		INTERVAL BETWEEN ONSET AND DEATH
420,1 Farans/2	andry Disease	1 00/00
Immediate cause (a) DUE TO		· · · · · · · · · · · · · · · · · · ·
Antecedent cause(s)	aive E.V. Disease	14 1/2
Diseases or conditions if any (b)	v. N. Cuar-	12-7
giving rise to the above cause DUE TO stating underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	ity	201/10
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY?
mone. none.		Yes No
21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ OF Street, office bldg., etc CAUSE OF DEATH. INJURY	•••	(State)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while	211. HOW DID INJURY OCCUR?	
22. I hereby certify that I took charge of the remains descri		Inquiry R. and
find that death resulted from: Natural causes K, Acci	dent [], Suicide [], Homicide [], Undeterm	nined cause [].
SIGNATURE	CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	DATE SIGNED
A.D. Esplis	M. D. ASSISTANT MEDICAL EXAM.	8-16-55
REMOVAL (Specify): 0/10/10/5 h/.0 6	RY OR CREMATORY LOCATION (City town or coon	nty) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24 WUNERAL DIRECTOR '	APPORESS
REG (8-5) Stul kdru	Flynn & fleming 1426 high	144
nma		



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MARYLAND STATE DEPARTMENT OF HEALTH

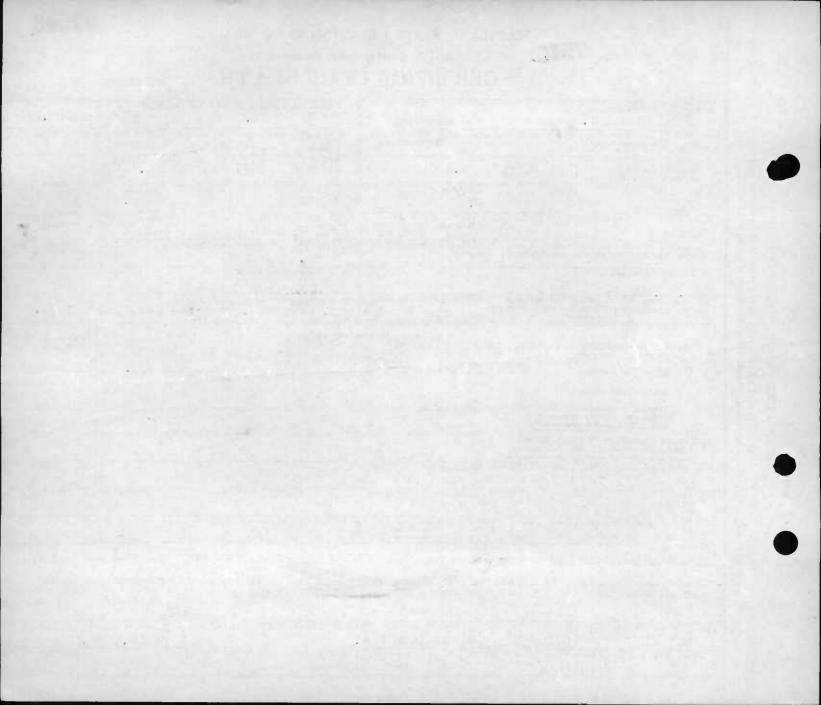
2411 N. Charles Street, Baltimore

CERTIFICAT	E OF DEATH Reg. Dist. No
1. PLACE OF DEATH- COUNTY Balto. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY Balto.
CITY (If outside corporate limits, write RURAL and OR give nearest town) ale (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ROCKdale
HOSPITAL OR 3623 Florida Rd.	STREET ADDRESS 3623 Florida Rd.
3. NAME OF (First) (Middle) DECRASED (Type or Print) EMMA A.	YEAGER 4. DATE (Month) (Day) (Year), OF DEATH AUG. 13 1955
5. SEX Female 6. COLOR OR RACE Widowed, Married, (Specify) Married	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hrs. April 7, 1884 71 yrs. Months. Days Hours Min.
10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. Kind of Business or Industry Authories	11. BIRTHPLACE (State or foreign country) Md. 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Geo. R. Watts	Genevieve Dilloway
15. Was Duckased Ever In U.S. Armed Forces? 16. Social Security No. (Yes, no, or unknown) (If year, give war or dates of service)	Mr. Edward W. Yeager - 3623 Florida Rd.
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	INTERVAL BETWEEN ONSET AND DEATH 9 days 4 years 14 years
no operation	Yes No
21. ACCIDENT (Specify) SUIGIDE HOMICIDE SUIGIDE HOMICIDE PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?
alive on Aug. 12, 19.33, and that death occurred at signature formation H. Ormacovi	ADDRESS (419 Windson Mill And State) ADDRESS (419 Windson Mill And Signed Body of CREMATORY LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24 FUNERAL DIRECTOR ADDRESS
REG. 1 1000 Sill of Shall	Ellen . () linkfuld of sour. Knot in Mid

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15



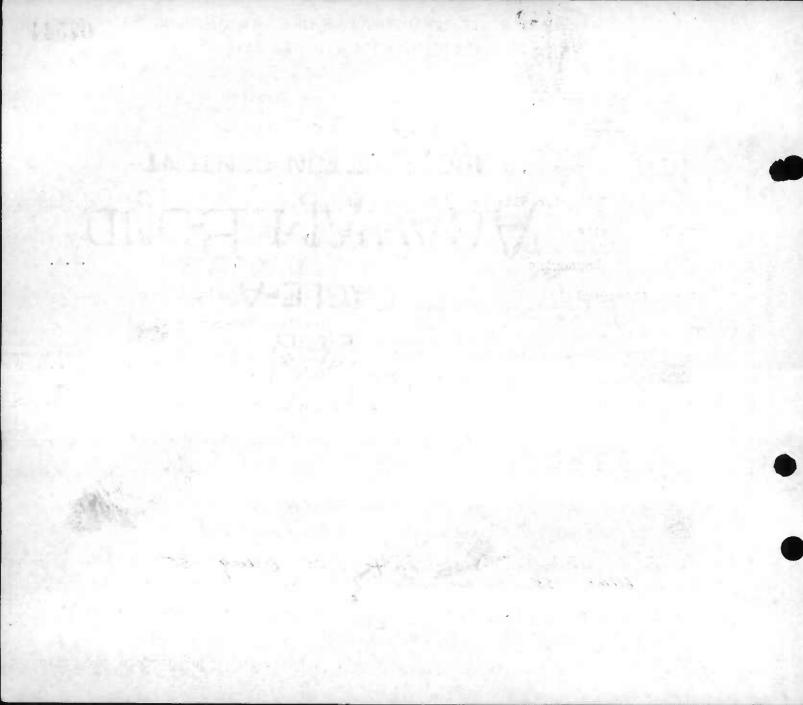
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-	~	-46.	3.4

7546 CERTIFICATE	E OF DEA	TH Reg. Dist	. No.
I. PLACE OF DEATH:	2. USUAL RESIDE	NCE (HOME) OF DECEASED:	
Do 2 L 1	Mona	rland corr	NAV
COUNTY Baltimore Co. MARYLAND CITY (If outside corporate limits, write RURAL) LENGTH OF STAY		vland COU! e corporate limits, write RURAL :	
or and give nearest town) Towson Towson	OR	timore	8V01-4
HOCDITAL OD	STREET	(If rural give location	1)
INSTITUTION OR Sheppard & Enoch Pratt Hosp.	ADDRESS	2.5	./
Towson 4, Maryland		Rueckert Avenue	
3. NAME OF (First) (Middle) DECEASED: (Type or Print) Catherine Elizabeth Hildebrand	(Last)	4. DATE (Month) (Date of DEATH: 8	
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED,	OF BIRTH:	9. AGE last birthday: IF UNDER 1 Months I	YEAR IF UNDER 24 HRS. Days Hours Min.
Female white (Specify): widow Febru 10a. USUAL OCCUPATION Give kind of 10b. KIND OF BUSINESS OF	ery 14, 1873	(State or foreign country): 12.	CITIZEN OF WHAT
work done during most of working life, INDUSTRY:	,		COUNTRY:
even if retired): housewife 13. FATHER'S NAME:	Baltime	ore, Maryland	U.S.A.
Simon Hildebrand	Elizabet	th Stein	
(Yes, no, or unk.) (If Yes, give war or dates of			
no service)	Hospital	Records	
18. MEDICAL CERTIFICATI	ON		Interval Between
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			Onset And Death
Immediate cause (a) Cononany	Ocr LUS	100	NEWDWN
Immediate cause (a) DUE TO		•	
	EN ART	ERIO SCEROSIS	10 YEARS
giving rise to the above cause	_ 12 /// /	CICIO SCEILOSIS	10/000
stating the underlying cause last. DUE TO	100.	5.4.13.0	
(c) E CARONIC	BRAIN	SYNDROME.	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not			
related to the disease or condition causing death. 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION			1 20. AUTOPSY ?
198. DATE OF OPERATION: 198. MAJOR PINDINGS OF OPERATION			Yes No.
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street OF office bldg., etc.)	(CITY OR TOW	N) (COUNTY)	(STATE)
HOMICIDE INJURY	1		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURED While at Not While	HOW DID INJUR	Y OCCUR?	
INJURY m. Work At Work		0.4	
22. I hereby certify that I attended the deceased from Iaug.	,19 5 5, to 6	229., 1933, that I last	t saw the deceased
Glive on Signature, 19.55, and that death occurred at	10:23 AM from AD	n the causes and on the date	stated above.
Oleran M. Vuuranen M. D.	Shenward 1	Prett posp. 6.	aug 55
DEMOVAL (Specify)	RY OF CREMATORY	LOCATION (City, town, or o	county) (State)
Burial 10/9/155 Parkwood Cem		Balto., Md	ADDRESS
TO FOR CHICKON A TO	24. FUNERAL DIRE		ADDRESS
8-1-35 At Ca Hodrson	L. J. Ruck,	Inc. 5305 Harford F	id, Balto

Durch

VS. A15

LARGIN RESERVED FOR BINDING



correct age is especially important. Physicians: please write the causes of death clearly and legibly.

The

Supply every item of information carefully.

VS. A15

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7547 CERTIFICATE OF DEATH Reg. Dir.

CERTIFICATE OF DEATH

Reg. Dist. No.

07545

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY / Saltimore MARYLAND	STATE MAC COUNTY	
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nearest to	wn)
OR and give nearest town) (in this place)	TOWN Bultimore 3401-4	,
HOSPITAL OR	STREET (If rural give location)	_
9 STREET ADDRESS A MONAGUE COME	ADDRESS 7 37 6 4 Accorded St	./
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)	
DECEASED: (Type or Print) Jawa Augen M	of DEATH: Ques. 27 19 33	
	OF BIRTH: 9. AGE last birthday IF ANDER 1 YEAR IF UNDER 24 H	
Firmale Huter (Specify): May	10-1865 72 yrs. 3-	lin.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS work done during most of working life, OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WH	TAH
even thetired semble and home	Baltimore & COUNTRY?	
13. FATHER'S NAME:	14. MOTHER'S MAIDEN MAME:	
Charles Kaflensky	Sarah Johnson	
(Yes, no, or unk.) (If Yes, give war or dates	17 INFORMANT & ADORESS:	
of service)	naura M. schroeder	
18. MEDICAL CERTIFICAT	ION INTERVAL BETWE	EEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEA	ATH
4dide.	teria beliantia	
IMMEDIATE CAUSE (A) DUE TO		-
ANTECEDENT CAUSE (8)	andie Manules Dura	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO	while the same give.	
STATING UNDERLYING CAUSE LAST.	A (
(C)	There	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING DEATH.		
194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	20. AUTOPSY	Y7
	YES NO	
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING 2 CAUSE OF DEATH OF INJURY street, office bldg.,		
(IF EITHER, NOTIFY MEDICAL EXAMINER) 2 ID. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	D 21F. HOW DID INJURY OCCUR?	
OF INJURY While Not while at work at work	ZIF. HOW DID INSURY OCCURY	
22. I hereby certify that I attended the deceased from	, 1952 to Cucq 371955 that I last saw the decease	sed
alive on June 27, 1955, and that death occurred at	// AM, from the causes, and on the date stated above.	
SIGNATURE VALLET (CC)	ADDRESS DE MOLIO DATE SIGNED	1/1
	ERY OR CREMATORY LOCATION (City, town, or county) / (Sta	NS
REMOVAL (SPECIFY) aug. 30-1955 Jouden	ERY OR CREMATORY LOCATION (City, town, or county) (Sta	义
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS	-
de la la de la		A

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THE RESIDENCE OF THE PARTY OF T